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ABSTRACT

Concerns of this report are adolescence and juvenile justice, the role of families in nurturing children, educational services, health services, and the provision of a continuum of services. The section on adolescence and juvenile justice focuses on six issue areas: youth development, prevention and support services, teen sexuality, substance abuse, juvenile justice, and education and employment. The section on the nurturant role of families deals with reinforcing the inherent strengths of families, environmental influences on families, and families that need additional supportive services such as supplemental child care, protective services, permanency planning, and assistance to pregnant teenagers. The section on educational services focuses on five comprehensive areas of responsibility that society asks of schools: prepararing students for life tasks, teaching personal and social skills, providing a safe and effective learning environment, providing special education services, and being involved in the community. Single living; children and the arts; the preservation of a democratic society; absenteeism and dropouts; substance abuse; violence and vandalism; discipline procedures; participation in and transportation to athletic events; and gifted, vocational, career, and bilingual education are among the issues addressed in the education section. The final section, on health services, focuses on prevention and delivery. Under the category of prevention, special emphasis is placed on health education, immurizations, nutrition, accident prevention, and environmental health services. Under the category of delivery, consideration is given to prenatal care, access to health services, mental health, and dental health. Concluding remarks address the problem of providing a continuum of services. Throughout the report, recommendations for each area are provided. Also included is a statement of recommendations of the Illinois Council of Youth, a brief description of the Illinois Commission on Children, and lists of names and addresses of persons associated with the report. (RH)

Report of the
1980 ILLINOIS WHITE HOUSE CONFERENCE ON CHILDREN

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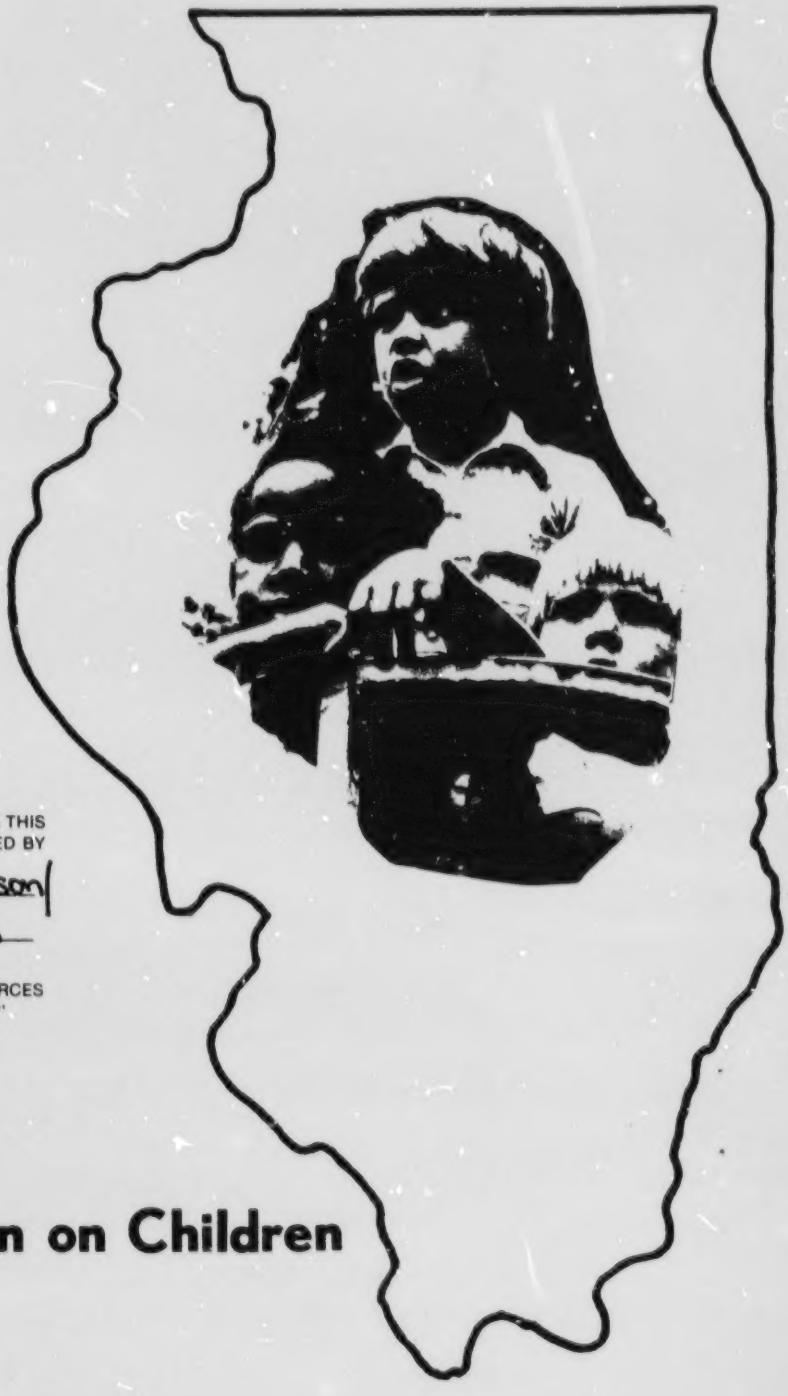

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LETTER OF TRANSMITTAL

TO: The Citizens of Illinois

This report is the culmination of the efforts of many Illinois Citizens both lay and professional over the past year and a half. Their mission has been to assess the status of children and youth in Illinois in order to draft recommendations which will improve their opportunities for developing into self-sufficient, contributing citizens.

Eight regional committees have prepared independent reports pertaining to their local situations. Four state level subcommittees drew on regional committee's assessments of needs and recommendations in order to develop a statewide view of problems and issues. However, the statewide committees operated independently and received input from various other sources. At the Illinois White House Conference on Children and Youth held in Springfield on November 13th and 14th the four statewide committee reports were acted upon to make them reflect as nearly as possible how the delegates viewed the needs of children and youth in Illinois. I would urge the readers of the 1980 Illinois White House Conference on Children and Youth to obtain a copy of their region's committee report for study in conjunction with their consideration of the Illinois Report.

Without funding from both voluntary and tax supported sources the activities leading up to this report would not have been possible. We are grateful to the Elizabeth McCormick Memorial Fund of the Chicago Community Trust, the Field Foundation of Illinois, Inc., Woods Charitable Fund, Inc., and to the Illinois General Assembly for special consideration in our appropriation. The active support of Governor and Mrs. Thompson has been most important to the success of the Conference. Members of the Governor's staff have been most helpful.

The Commission on Children will be using the results of this report to develop its legislative and advocacy priorities. With the assistance of the concerned citizens of Illinois it is hoped that the quality of life for the children and youth of Illinois will improve during the next decade.

Respectfully Submitted,

Harold R. Phelps, Chairman
1980 White House Conference on
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Support persons provided assistance during the two-day conference November 13 and 14, 1980 by acting as recorders for the sessions, parliamentarians, door keepers, vote counters and backup support.

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Ms. Esther Brown, Springfield
Ms. Rosalie Cavataio, Belleville
Ms. Cheryl Clark, Bloomington
Ms. Georgianna Cooper, Springfield
Mr. Bernie Deany, Bloomington
Ms. Dorothy Deany, Bloomington
Mr. John Dennis, Oak Park
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Mr. Vic Edwards, Springfield
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Ms. Nancy Gresch, Springfield
Mr. Redd Griffin, Oak Park
Ms. Evelyn Hewitt, Jacksonville
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Ms. Debbie Inman, Springfield
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Ms. Joan Kelly, Galesburg
Ms. Valeria Lambert, Chicago
Dr. Mary Loken, Springfield
Ms. Judith Mehalic, St. Charles
Mr. Chalmer Moore, Jr. Springfield
Mr. Ron Moorman, Springfield
Ms. Pat Murphree, Champaign
Ms. Mary Roland, Springfield
Ms. Margaret Schilling, Chicago
Ms. Mickie Silverstein, Highland Park

Illinois Council of Youth

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Karen Beasanski, Elmhurst
Valerie Ann Beavers, Chicago
Sheila Black, Arlington Heights
Nancy Bohnhoff, Morrison
Julia Boswell, Centralia
Jody Carter, Springfield
William Christ, Washburn
Beth Ann Cleary, Centralia
Alyson Cooke, Chicago
Mike Dorning, Urbana
Tom Dyja, Chicago
Jane Feddersen, Roanoke
Denise Flora, Champaign
Lynn Galowich, Joliet
William Glover, Chicago

Illinois Council of Youth (cont.)

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Eureka
Kathy Greenholt,
Springfield
Linda Sue Hoak,
Polo
Amy Johnston,
Glen Ellyn
Susan Klaren,
Westmont
Jackie Kowalewski,
Chicago
Sheridan Oakes,
Sterling
Elaine Otte,
Chicago
Deborah Pogue,
Chicago
Steve Sakach,
Glen Ellyn
Jon Scheffres,
Skokie
Sarah Ann Shirley,
Evanston
Janet Simmons,
Clinton
Monique Streff,
Northbrook
Ann Tompkins,
Champaign
Karen Welch,
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Joseph Vosicky, Jr.
Hinsdale
David Wessel,
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Larry Zdarsky,
Berwyn

ADULT ADVISORS

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East St. Louis
Mr. James Zacharias,
Chicago
Mr. Robert Zapata,
Des Plaines

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Mr. Jim Kiley,
Springfield
Dr. Edward F. Lis,
Springfield
Mrs. Barbara Malany,
Springfield
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Evanston
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Mrs. Alice Stewart,
Glenwood
Mrs. Jayne Thompson,
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Mrs. Helen Weigle,
Highland Park
Mrs. Margaret Wold,
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Mr. James Zacharias,
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Ms. Linda Selsor Watt,
Children's Consultant
Ms. Veronica Wade,
Regional Consultant

Youth Members:
Mr. Tom Dyja,
Chicago
Mr. Robert Moriarty,
North Riverside

DESCRIPTION OF COMMISSION ON CHILDREN

The Commission on Children is a statutory commission created by the Legislature to provide the mandate, manpower and machinery for the orderly study, planning, promoting, coordinating, and stimulating of services in behalf of Illinois children.

Membership

The membership of the Commission on Children is composed of 16 public members appointed for four year staggered terms, and 6 Legislative members 3 from the Senate, 2 to be appointed by the President and 1 by the Minority Leader thereof and 3 from the House of Representatives, 2 to be appointed by the Speaker and 1 by the Minority Leader thereof and 9 State Department or Division Directors which have direct services to families and children. In addition the Chairman and 2 other designated youth members of the Illinois Council of Youth, which is a representative body of young people ages 15 to 21, also serve with the Commission.

Function

The law creating the Commission states the Commission shall:

"(a) Study the needs of all children and assist in planning for the improvement and most effective use of voluntary and tax supported programs at the state and local levels;

"(b) Study programs for children in Illinois and in other states, make reports and advise public and private bodies throughout the state on matters relevant to the protection, growth, and development of children;

"(c) Assist in the coordination of the administrative responsibility and the services of the State departments and programs as they relate to the well-being of children;

"(d) Make recommendations on needed legislative action on behalf of children;

"(e) Promote adequate educational services and training programs for children, including exceptional children, in all parts of the state;

"(f) Promote social services and vocational guidance, training, and placement for all children who require them, including exceptional children and those youth who leave school prior to high school graduation, and promote adequate special facilities for children maladjusted to their home surroundings;

"(g) Promote adequate provisions throughout the state for diagnosis and treatment of children who may require special medical services."

Procedure

The major part of the work of the Commission on Children is carried on through the use of Special Project Committees which are set up to study, assess, develop and make recommendations to the Commission on specific problem areas concerning children which are considered to require the priority attention of the Commission and the citizens of the State. After action on these recommendations has been taken by the Commission on Children, the Commission selects and transmits them to the appropriate group, organization or person for implementation. This may be to the Legislature for necessary legislation, to the Governor for Executive consideration, to public or private agencies, or to citizens of professional organizations.

BACKGROUND

President Theodore Roosevelt established the first White House Conference on Children in 1909 which called for the nation to preserve and strengthen home life for children. Every ten years since that time Presidents of the United States have maintained that tradition. There have been numerous programmatic and legislative outgrowths of White House Conference on Children recommendations. A few examples in Illinois include the establishment of the Department of Children and Family Services; revision of the Family Court Act to enact the Juvenile Court Act of 1965 which established due process provisions for children prior to the precedent setting Gault decision made by the United States Supreme Court; and revisions to the Abused Child Act establishing the Abused and Neglected Child Reporting Act.

Since the Commission on Children had coordinated Illinois' activities with respect to the 1960 and 1970 White House Conferences on Children, they began to discuss early in 1978 their concern regarding the need to begin planning for the 1980 White House Conference on Children. The Commission decided that it was important to maintain a tradition of accounting for and assessing children's needs and reassessing priorities every ten years. Thus, they approached Governor Thompson with the prospect of having an Illinois White House Conference on Children regardless of whether a Conference was held nationally. The Governor agreed and designated the Commission on Children as the planning agency for Illinois White House Conference on Children efforts.

METHODOLOGY

During the Spring and Summer of 1979, planning activities were directed towards finding information about the problem areas which should be studied, the trends in children's needs and services which would have the most significance for the next decade, and information about the people, both lay and professional, who should be considered for appointments to the State and Regional Committees and for serving as resource persons. In the Fall, appointments were made for the various committees which were responsible for the actual assessment of needs.

The Commission on Children received input on issues for consideration for the 1980 Illinois White House Conference on Children through four different mechanisms. In May a special meeting was conducted of the Statewide Cooperating Organizations Committee which is a standing committee of the Commission on Children. Membership of the Statewide Cooperating Organizations Committee is composed of representatives of 72 lay and professional groups with membership statewide that have all or part of their program or purpose related to children's needs and services. Representatives from the organizations were asked

to identify issues for consideration for the 1980 Illinois White House Conference. Input from that meeting was utilized to formulate a questionnaire which was distributed in the June, 1979 edition of the "News and Views" and to persons who attended the three hearings held around the state. Subquestionnaires were then distributed to respondents in order to gain more information regarding major issue areas identified on the initial questionnaire. The Illinois Council of Youth also developed and distributed a questionnaire to 1,179 student council presidents around the state in order to determine youths' priorities for the 1980 Conference.

In addition to the information obtained from the questionnaires and the meeting with the Statewide Cooperating Organizations Committee, public hearings were conducted during August, 1979 in Springfield, Mt. Vernon, and Chicago. Approximately 60 individuals presented testimony and over 70 people observed the proceedings. Finally, in two separate meetings, representatives from code departments such as the Department of Children and Family Services and Commissions identified issues and trends regarding children. After reviewing input from these sources the Commission identified issue areas which, after review and consolidation at the first meeting of the Statewide Committee, formed the basis for discussion and development of issues and recommendations at both the state and regional levels. The four issue areas included:

1. Supporting the family in nurturing children and youth in a changing society.
2. Providing a continuum of human services for children and their families with special emphasis on strengthening the role of the local community, including the following:
   a. Prevention, treatment and follow-up;
   b. Setting priorities and funding them adequately; and
   c. Improving the cooperation of federal, state and local agencies in serving children and their families.
3. Providing educational services for children, youth and their families including alternatives to traditional schooling.
4. Adolescence and juvenile justice focusing on supporting children during the period of adolescence including the improvement of the juvenile justice system.

Since a number of state services are now organized on a regional basis, the Commission decided to establish eight regional committees to correspond to the Department of Children and Family Services administrative regions. In addition, a Statewide Committee consisting of approximately 100 individuals was appointed. The Statewide Committee was charged with addressing issues involving children around the state while the Regional Committees were to focus primarily on issues that might be unique to their respective regions.

Membership on the Statewide Committee for the 1980 Illinois White House Conference on Children consisted of professionals, youth and lay persons with knowledge of and interest in children's needs and services as well as representatives from various state departments and commissions which provide services to children. The Statewide Committee was divided into four subcommittees corresponding to the four issue areas identified.

The Subcommittee on Supporting the Family was chaired by Dr. Donald Brieland; the Subcommittee on a Continuum of Services was chaired by James P. Paulissen, M.D.; the Subcommittee on Providing Educational Services was chaired by Mr. Hugh Brown; and the Subcommittee on Adolescence and Juvenile Justice was chaired by Mr. Frank Kopecky.

After an initial orientation meeting for the Statewide Committee on October 29, 1979, the subcommittees met monthly from December, 1979 through October of 1980 and were charged with assessing the needs of children, youth and their families and with making recommendations for their respective issue areas. The four reports from the subcommittees provided the working draft for consideration at the 1980 Illinois White House Conference on Children.

During that same time period, the eight regional committees met monthly to assess the needs of children in their regions and to make recommendations to meet those needs. The eight regions and their Chairpersons were: Aurora, Mrs. Nancy Schwemm; Champaign, Mrs. Barbara Gladney; Chicago, Mrs. Carolyn Bergan; East St. Louis, Mrs. Ailene Auner; Marion, Mr. George O'Neill; Peoria, Mrs. Harriet Parkhurst; Rockford, Mrs. JoAnn Lyon; and Springfield, Mr. David Mills. Input from the regional committees to the Statewide Subcommittees was provided at several points during the course of the year's work. In April, 1980 after the regional committees had identified problem areas to be addressed, a meeting was held between the regional chairpersons, the statewide subcommittee chairpersons and Dr. Harold Phelps, Chairperson of the 1980 Illinois White House Conference on Children, in order to share those problems identified at the regional level with the statewide subcommittees. In August, 1980, preliminary recommendations made at the regional level were also shared with the statewide subcommittees. In addition to this input to the statewide committee, all regional committees published independent, separate reports.

The Statewide and Regional Committees for the 1980 Illinois White House Conference on Children were assisted in their tasks by resource persons who provided technical assistance. Resource persons were individuals judged to have expertise in a particular aspect of children's services. They included representatives from regional and area offices of various state agencies and commissions.

Delegates to the November 13 and 14, 1980 Illinois White House Conference on Children held at the Holiday Inn East in Springfield, Illinois were made up of the members of the eight regional committees, the statewide committee, the Commission on Children, the Illinois Council of Youth and resource persons selected for their contributions during the course of the committees' work. The purpose of the two day conference was to finalize the draft report prepared by the four Statewide Subcommittees and to begin to set priorities for addressing children's needs in the 1980's.

ADOLESCENCE AND JUVENILE JUSTICE

Introduction

Adolescence is the "period of transition from the dependence and immaturity of childhood to the psychological, physical, and social maturity of adulthood..."[1] It can be a painful and poignant time--viewed too often as a phase that must be endured.

> ...the adolescent in Western culture is often (though not always) beset by problems and inner turmoil because he is accorded inferior status in society, is not encouraged to be emotionally and vocationally independent of his parents, is surrounded by restrictions, and in general has been given little opportunity to assume gradually the kind of responsibility that will ease the transition to adulthood.[2]

Thus the primary developmental tasks of adolescence are charged with considerable potential for conflict as the search for identity and independence brings young people into a struggle against family and society. Adolescent peer culture--so necessary for enabling the young to acquire experience and skills that schools and other official institutions ignore--may be perceived as a threat to established values. Activities involving sexuality, substance abuse and unlawful behavior often cause an emotional or punitive response from adults. One of the challenges of the 1980 Illinois White House Conference on Children will be to determine how the family and community can best provide an environment in which mistakes can be made with the least danger and permanent damage.

"For many youth the traditional supports usually depended upon to assist in growth and the development of skills are flawed or simply not present."[3] For example, youth who grow up without stable homes or in families with income below the official poverty line; youth who reach majority without educational and employment skills; and adolescents who are parents before their own cycle of mental, emotional and physical growth has been completed. How can we assure that essential support systems, health, education and social services are accessible to every youth in Illinois, regardless of geographic location, economic status, race, sex or degree of handicap?

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[1]Goldenson, Robert M., The Encyclopedia of Human Behavior: Psychology, Psychiatry, and Mental Health, Doubleday, New York, 1970, page 22.

[2]Ibid.

[3]Shireman, Dr. Charles, "The Juvenile Justice System--The State of the Art", State of the Art Papers, 1980 Illinois White House Conference on Children, Illinois Commission on Children, March, 1980.

Common sense, humanitarian principle and the high cost of remediation force us to look more closely at preventive services. We must ask ourselves: At what point are we intervening, for whom, to what extent and based on what rationale? Are decisions based on sound, professional judgments of trained personnel? This last question requires us to examine the quality of training not only for direct care workers but for all professionals whose decisions impact on youth. We need to ask if the principle of fairness underlies all aspects of intervention. And a growing concern, how do we measure the quality of care provided?

Beyond this we must remember there are youth who will resist all our carefully constructed attempts to help--yet because a court order does not automatically change a youth into an adult--these youth will continue to need our most thoughtful efforts to offer the means toward growth and change.

The final challenge will be our commitment toward involving youth themselves as active participants. All of our tasks, to have any meaning, must include services and opportunities that are real, that are perceived as such by their intended recipients and that are offered on terms acceptable to them.

In an effort to address these questions, the discussion in this section of the report focuses on six major issue areas: I) youth development; II) prevention and support services; III) teen sexuality; IV) substance abuse; V) juvenile justice; and VI) education and employment.

I. YOUTH DEVELOPMENT

Youth are expected to emerge from adolescence as responsible adults but are often not provided with the opportunities and the latitude necessary to develop that responsibility. It is a paradoxical situation when society's expectations are not coupled with society's support. There is no clear delineation or understanding of responsibilities and rights; our laws are inconsistent and send a mixed message. For example, youth can vote at age 18 but cannot drink until age 21. This situation contributes to the sense of disillusionment, confusion and sometimes bitter feelings often attributed to adolescence.

Our society must provide more opportunities for youth to develop their decision making ability and to learn the relationship between rights and responsibilities so that they can enter adulthood on surer footing. Currently youth have little or no input into governmental decisions that affect their daily lives. Perhaps one of the best examples is the relationship between students and the educational system. Students are the consumers in the educational process and as such are the reason why school districts exist and provide their services. Students should be involved in decisions regarding a system that

so directly affects them. Frustrated students who do not understand or relate to the system they are "forced" to go through, who have no real voice in trying to relay their frustrations for possible change, remain frustrated and sometimes become hostile toward the school environment. Student publications, a possible mechanism through which students can voice their concerns regarding the educational system, may often be censored by that system. Perhaps the most fundamental issue regarding censorship is the relationship between the fiscal support and accountability for accuracy and appropriateness of content. Frequently student publications are dependent upon fiscal support from adults or the school administration. The position of fiscal responsibility implies certain editorial rights of censorship. Should the fiscal responsibility be shifted to the students, many of the problems of censorship of student oriented publications could be avoided.

In addition to needing more opportunities for input into the governmental decisions and the formal structures affecting them, youth need opportunities to explore their interests and to examine their beliefs. Too often, teens find themselves with excess time and energy. When there is a lack of facilities and programs available, much of this time and energy is exhausted through many negative outlets. There is a need for an increase in appropriate facilities and programs for teens during off school and off work hours. The Report of the 1970 Illinois White House Conference on Children provided a blue print in the recommendations regarding "Youth's Role in Society, Today and Tomorrow" for providing an atmosphere where youth can learn how to exercise their judgment, develop their responsibility and explore their talents and interests. Some of those recommendations have been realized but too many remain as challenges for the 1980's.

RECOMMENDATIONS

1. A comprehensive publication of youth's legal rights and responsibilities should be made readily available to all youth.

2. Police, school adminstrators, school teachers, young people, parents and youth service providers, should be educated about youth rights.

3. An innovative curriculum which would include information regarding youth's rights and responsibilities should be established in schools.

4. Existing organizations representative of youth should be invited to give their opinions on matters before government bodies (e.g. student councils or Illinois Association of Student Council District Student Councils on the local level and the Illinois Association of Student Councils or the Illinois Council of Youth on the state level).

5. New organizations should be formed to represent youth for the specific purpose of advising one or more government bodies (e.g. the Student Advisory Council to the Illinois State Board of Education). When this method is used, these organizations should publicize their minutes and general information about the group, so young people can communicate their concerns to these organizations.

6. Local governments (city councils) should establish some form of youth advisory council, in which youth could provide input concerning the facets of the community that effect them.

7. Youth should be represented on the school boards of those districts that have high schools. A student representative chosen by students should be included as a member of those districts' school boards, with the ability to participate in the discussion of those issues before the board and to introduce new issues.

8. Youth should be allowed to serve on committees involved in curriculum assessment, teacher evaluation (the system of evaluation, not the actual process of) and disciplinary system assessment.

9. Student-Faculty Advisory Committees should be set up in schools. These committees should include faculty representatives (elected by faculty) and student representatives (elected by students). These committees would also include the Principal, Assistant Principal, Director of Counseling and other officials. These committees would review policy and policy changes prior to institution and air faculty, student, and administration concerns.

10. Students should be included as members of PTAs and similar organizations.

11. Student councils should be recognized by school administrators as student governments and not as student activities boards. Student councils should involve themselves, and be encouraged to involve themselves in the evaluation of curriculum, disciplinary and teacher evaluation systems within the school.

12. Youth oriented and controlled publications should be encouraged.

13. The State Board of Education should be charged with promulgating rules and regulations governing student publications and issuing a handbook which would describe the legal parameters and court decisions governing student publications, a discussion of First

Amendment rights and the encouragement of youth views. The handbook should be developed with input from the Student Advisory Council to the Illinois State Board of Education and should include resources available to student publications.

14. Leisure time programs and activities for teens must be planned at the local level to meet local needs by teens, private citizens and public officials working together.

15. Money should be made available within all communities for the establishment, evaluation and continuation of teen "drop-in" centers, youth commissions, youth programming by park districts, youth jobs programs, etc. The primary responsibility for funding such programs should lie within the local community.

16. Various options for the funding of these programs should be explored (e.g., one option being the establishment of Township Youth Commissions).

17. The establishment of open enrollment enrichment programs should be made available through the schools and other resources such as park districts and community colleges.

18. When the family cannot provide the necessary environment for the adolescent, temporary alternative housing within the community should be provided in order to facilitate family visitation as well as contact with support services; this should be accompanied with intensive counseling for the whole family.

19. All youth serving organizations should continue and/or begin to expand outreach programs to involve more and diversified youth both as program participants and in policy making and program planning. Particular attention should be given to those youth disillusioned by our bureaucratic society. A reexamination of the structured programs and the use of a more personal approach in reaching these drop-outs from contemporary society should be made. Youth serving agencies should also consider carefully the the needs of rural and small town youth who may be neglected by current outreach programs.

20. The legislative, county and municipal governing bodies should establish or increase political and civic internships for youth of all races represented in various areas with particular emphasis on local government participation.

II. PREVENTION AND SUPPORT SERVICES

A. PREVENTION

The importance of the personal living skills which may enable individuals to realize their full potential as human beings needs to be underscored in any preventive-based programs for growth and development. Optimum health aids assists in optimum accomplishments in other facets of living. In addition, these life skills can be implemented individually or within the family, so they are basic to individual growth and maintenance in the spectrum of lifestyles.

However, with the divorce rate moving toward 40-45%; teen-age pregnancies accounting for an ever-increasing portion of the national birth-rate; and substance abuse increasing among children of lower age levels and being a major problem of schools and society, there is some evidence that the majority of American families are lacking in other life skills which are vital to individuals as they interact in the family setting and as they move out to form new family units. Programs aiming toward prevention of severe problems for children and youth require at minimum a two-part thrust to be effective--optimum individual physical development and effective interpersonal relationships. The need to strengthen self-development through effective communications skills and understanding of couples relationships are equally vital to young peoples' development into adults who are capable of functioning in society and within the family.

Preventive programs should deal with the whole problem of development of living skills. Each facet of the life skills requires a minimum level of effectiveness, but it is the integration of all the facets which is going to improve the lives of youth and help them cope with daily living with others.

Programs and services provided with prevention as the major objective are needed by the population at large. Educational support for individuals and families can start at any point on the continuum of living, but in the interest of children and youth they should include:

RECOMMENDATIONS

1. Research, pure and applied, in all areas impacting upon the family:

   a. Nutrition of the adolescent and its interrelationship with health and physical fitness for the individual and the family.

b. The relationship between nutrition and behavior.

c. Parenting skills and the means of developing these skills in individuals toward improved family living.

d. Economic understandings and implementation of these in consumer behavior which would enable the family to have better fiscal management.

e. Values development in individuals and families which would result in more cohesive family units.

f. Inter-personal relationships and communications skills which would enable individuals to form and maintain a family unit which serves each individual in it.

g. Impact of legislation on individuals and the family.

2. Aiding the family to progress in their quality of living through development of parenting and interaction skills of all members of the family through community based programs is imperative. Delivery systems should be multi-track, so the families could choose the learning environment most comfortable for them.

   To be "preventive programs" those programs should be reaching all families to the degree required, but teenage families should be given special assistance through programs designed to aid their continued growth.

3. Commitment of existing educational/developmental programs in schools, agencies, churches and communities to the improvement of life skills development programs at all levels, e.g.:

   a. School curricula to increase emphasis on life skills for all students at all levels with financial support and staff commitment to these programs.

   b. Out of school activities programs for youth which include self-actualization activities as well as entertainment/recreation programs. Such programs could provide constructive activities for youth who are too old for "baby sitting" arrangements but who need some supervision and structuring of free time.

c. Parenting skills development programs which involve experience with child care are imperative. Volunteer and work/study programs for young people could expand services for working parents and place the young people in a developmental environment under the supervision of competent adults.

d. Multi-generational programs which form extended family associations can strengthen caring relationships and self-worth concept.

4. Health and educational professional curricula should include nutrition information.

5. Elementary and secondary school curricula should include nutritional education and information.

6. Support should be given by religious institutions, schools and public and private human service agencies to families that may be under special stress: one-parent families, families in which both parents work, families with surrogate parents, families in which non-related people live together communally.

B. MENTAL HEALTH AND SOCIAL SERVICES

In his press release announcing establishment of a Special Task Force on Services to Troubled Adolescents, Governor Thompson noted that "Thousands of Illinois teenagers have chronic behavior problems." He went on the point out that "each year in Illinois there are 44,000 teenage school drop-outs, 50,000 are suspended from school, 25,000 are in juvenile courts and 191,000 are arrested, including 43,000 for serious crimes." Yet, in Illinois "We have a system which is fragmented and duplicative, with agencies tending to focus on symptoms they can treat instead of working with a youth's entire range of problems. Often, the potential sources of greatest help--the family and the community--are not involved."[1] Multi problem youth needing coordinated services from several agencies are frequently denied care. In Cook County a number of agencies came together via the Governor's Cook County Demonstration Project to work cooperatively to develop individualized service plans for multi problem youth only after a court battle.

State agencies' responsibilities for youth are not clear. Under existing law, the Department of Children and Family Services is not mandated to serve Minors in Need of Supervision (MINS--adjudicated status

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[1]June 5, 1980, Press Release from the office of the Governor.

offenders) except under limited circumstances. The Department's professional staff is not currently adequate to provide such specialized services.

The Mental Health and Developmental Disabilities Code does not mandate adequate services to youth. The Department of Mental Health and Developmental Disabilities' definitions of mental illness and developmental disabilities are unclear or arbitrary. Each department facility director has the authority to deny service to any individual, making the fixing of responsibility difficult. Local mental health clinics offer services to youth but frequently will not work with involuntary clients or engage in outreach. Private agencies are often reluctant to serve particularly problematic youth in existing programs or to develop new programs. They fear becoming a dumping ground for severely troubled youth and do not feel secure about investing money in development of new programs because they lack confidence in the state's commitment to serve this population. Battles over which agency should serve a particular youth have resulted in mislabeling in an attempt to force the responsibility into a particular agency or to justify inappropriate treatment methods. "Relabeling occurs when youthful behavior which was previously designated as MINS is redesignated as delinquent. This redesignation may be without basis and involve a trumped up charge."[1] Another example occurs when youth are adjudicated dependent or neglected rather than as a minor in need of supervision because then the Department of Children and Family Services cannot deny service to them. In some cases a youth's condition has been allowed to deteriorate in order to fit the service guidelines of another agency.

These problems are compounded when combined with a lack in the state of specialized facilities for youth. There is need to develop specialized secure facilities for chronically disturbed youth needing long-term care. The Department of Corrections has the only locked facilities but cannot provide mental health treatment. Rural areas of the state almost completely lack facilities for youth care. The Marion region has no detention facilities and no child psychiatrists. Other areas may have local private facilities that will not serve youth from that community as a matter of policy. Lack of certain types of treatment facilities has resulted in a number of children being once again placed out of state. Of the thirteen youth first referred to the Governor's Cook County Demonstration Project, four had to

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[1] Implementation of Senate Bill 346, a Report Prepared by the Illinois Law Enforcement Commission Juvenile Justice Division, February, 1980.

be placed out of state. Differing or lack of licensing standards for out of state facilities may not adequately protect youth.

Local efforts at case coordination may not be supported by higher placed administrators. The Governor's Cook County Demonstration Project, now expanding around the state has effectively forced the development of service plans for a small group of youth; however, its members have not had the authority to develop innovative plans or commit their agencies to the establishment of new facilities.

RECOMMENDATIONS

1. Statewide expansion of "court of last resort" projects (such as the Governor's Cook County Demonstration Project) for hard to place children including those with serious emotional problems should be developed.

2. All schools should have social workers who should be designated to work with other community services to deal with adolescents with early signs of behavioral, mental health, substance abuse or disabilities problems.

3. A single state authority should be mandated responsibility for planning and resource development for minors in need of supervision with emphasis on the use and expansion of community resources. This planning should include an in depth study of the type of service providers not now existing in the state.

4. Placement of teenagers should include follow-up services provided to the family. A vigorous attempt to resolve family conflict should be made with or without the goal of returning the youth to the family. Family conflicts which are not resolved during the teen years continue to cause social maladjustments in adult years. In addition, younger children in the family can frequently be helped to avoid problems through family therapy.

5. The state should assure that there are community based diagnostic and treatment services which include the range of services for disturbed adolescents. The expansion of Department of Mental Health and Development Disabilities' services to emotionally troubled youth are critical to the effectiveness of services to minors in need of supervision and all prevention programs. More visibility and prominence should be given to the Child and Adolescent Office of the Department of

Mental Health and Developmental Disabilities which should encourage and provide technical assistance to local youth serving agencies.

6. Enabling legislation for Community Mental Health Boards (708 Boards) should specify the development of services to special populations e.g. adolescents.

7. Temporary emergency placements should be developed, particularly mental health placements for severely acting out juveniles and those suspected of substance abuse.

8. Mental health services specialists should be available to law enforcement offices, for their use, on a 24 hour basis.

9. There should be better monitoring of services provided at residential placements.

10. Each child placed in a correctional institution or child care facility should have access to adequate medical, dental and mental health services provided by such institution or facility.

11. Medical, dental and mental health services provided in a placement should be linked with such services in the community to which the child is to be released to insure continuity of care.

12. Training for professionals who work with children should include information on how to identify signs and symptoms of mental illness and emotional disturbance.

13. Psychiatric resources should be developed with personnel specifically trained and knowledgeable about adolescents.

14. Specialized training for all youth service workers dealing with youth should be developed by the major care providers' staff development teams and the educational institutions in Illinois.

15. The juvenile court should be given explicit authority to join actions under the Mental Health and Developmental Disabilities Code and the Juvenile Court Act.

16. The Tri-Agency Program at Tinley Park should be replicated, expanded and developed for both boys and girls.

17. The Institute for Juvenile Research should take a more assertive role in getting to the cutting edge issues particularly including a review of the categories of people in need of service.

18. Additional research techniques in how to deal with involuntary clients should be supported and developed.

19. The juvenile court should be given increased authority to order youth services agencies to provide those services that they are required by law or by contract to provide. Juvenile courts should actively monitor the cases of youth under their jurisdiction. Court service units and other social agencies responsible for youth should prepare and periodically revise individualized plans for the youth.

C. HEALTH

Adolescence is a time of rapid growth and physical change. Young people need to be cognizant of their bodies and to learn how to care for them. Teenagers are notorious for their bad eating habits and poor health habits. It is a paradox that, as more and more information about the health hazards of smoking tobacco becomes public and more adults are struggling to quit smoking, more teenagers start. It is important to understand the relationship between the physical changes of adolescence and their accompanying psycho-social components, the impact of environment on adolescents (from the media to their peers), and the behavior patterns which may either prevent them from seeking health care or lead them to reject services already established.

Teens must be assured, first of all, of the right to privacy and of confidentiality of services. They still do not believe that there are places where they can receive services which guarantee their privacy. This seems to translate into another term which appears over and over again in the adolescent counseling literature--"trust". Unless teens "trust" the providers of service, they will not return. Teens are also particularly sensitive to the type of persons who are working with them.

RECOMMENDATIONS

1. Health clinics tailored to the needs of adolescents which include provisions and programs for early detection of pregnancy should be established.

2. Health Service Agency plans should address the special needs of adolescents.

3. Except in life threatening circumstances, when the child has a right to consent for services, confidentiality should be provided, thereby assuring access to health and mental health services.

III. TEEN SEXUALITY

In 1978, 1.1 million teenagers became pregnant. 600,000 of these had live births which accounted for one child out of 5 being born to teen parents. 94% of teen parents kept their babies. 56% of the teen parents got married, but the rest were unmarried. Besides being teenage parents, they were also single parents, thus compounding their problems. Teenagers also account for 33% of all abortions performed in this country. Looking at the picture in Illinois, the profile does not seem to change. In 1978, 28,634 births were to women 19 years or younger which accounted for 16%of total live births. 587 or 20.5% of these babies had mothers 10-14 years of age - children having babies. 16,808 abortions were performed to teenagers in the same period. Of these abortions, 26% were to women under 14 years of age. In brief, 19% of all pregnancies and 25% of all abortions were among teenagers.

Teenage mothers are not prepared for the responsibilities of child bearing and parenthood. This is further complicated by their single status; single parent households tend to have a high rate of poverty and thereby less accessibility of resources to provide decent quality of life for the parent and the child. Yet, young mothers make up a disproportionate share of single female headed families. Teenage parents have a tendency to drop out of high school. They tend to have low paying and less satisfying jobs. Economic consequences of early childbearing and parenthood affect parents, children, as well as the country's total population. In 1975, half of AFDC funds were directed to women whose first child was born in their teen years. The AFDC payments of 4.65 billion dollars did not include medicaid, food stamps, prenatal or delivery costs. According to Stevens, educational attainment of adolescent parents was a significant predictor of their economic wellbeing.[1]

Preteen and teenage pregnancies are viewed as high risk because of physiological immaturity of expectant parents, longer labor, preterm deliveries, and other obstetric complications. Their babies also tend to be of low birth weight with a higher incidence of mental retardation, birth defects, and infant morbidity. Death rates for babies born to mothers under 18 years are nearly twice the rate for babies born to women 20-29 years of age.

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[1]Stevens, Joseph H., Jr., "The Consequences of Early Childbearing," Research in Review, January, 1980.

Because of the lack of training and understanding of parenting skills, many teenage parents tend to have unrealistic expectations of their infants' abilities.

Poor economic resources, lack of emotional support, absence of adequate parenting skills, and constant demands of infants create a highly pressurized environment for teenage parents whose own needs may be at odds with those of their offspring. They may find themselves abusing and neglecting their children which further lowers their self-esteem.

Research substantiates that psychological support and help from parents tends to substantially reduce the possible detrimental effects of preteen and teen parenthood both to the young parents and the infants. Yet, such support networks to couch the harsh realities of teenage parenthood are not as readily available in caucasian families as they are forthcoming in Black and other minority families.

The problem of teenage pregnancy is indeed very complex. On one hand, 60% of the girls who have a baby before they are 16 years old tend to become pregnant again by the age of 18. Yet, 70% of teenagers who are sexually active do not use a method of contraception. Scales[1] reported that 70% of females do not use contraceptives because of their belief that they cannot become pregnant. Of contraceptive methods used by adolescents, 50% involved the use of the condom and withdrawal. There is widespread ignorance and creation of delusional rationalizations based on a conflict of values among the teenage girls.

Recommendations for addressing these complicated issues are grouped into two areas: 1) those directed at the lack of information and 2) those directed toward teenage pregnancy, parenthood and infant mortality. These recommendations are founded on three fundamental premises: 1) that adolescent mothers are themselves minors, therefore the state should have additional responsibility for service delivery to them, 2) that all recommendations are preventive in nature, and 3) that every child should be wanted.

Recommendations in the area of a lack of information address themselves to family life education starting with elementary grades to high school covering broad concepts such as development of self-esteem, self in relationships, family life education, human sexuality, human reproduction, contraception, parenting including topics such as effects of early childbearing on parents and offspring, child abuse and neglect. There should also be community based media campaigns addressing children and youth and their families, teachers, and other community leaders.

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[1]Scales, Peter, "Males and Models--Teenage Contraceptive Behavior Amid the Double Standard," The Family Coordinator, July, 1977, p. 11-222.

The second group of recommendations directed at teenage pregnancy, parenthood and infant mortality include comprehensive support services for teenage parents that are readily accessible--particularly in rural areas that are administered by a single state agency sponsorship guided by an advisory board with representation from medical, educational, mental health agencies, teenage parents, public and religious communities, to create a balance of viewpoints and values.

Alternative school programs need to be developed for pregnant students. The model projects should address themselves to restoring the self-esteem of teenage parents by providing parenthood training, a realistic combination of academic and vocational courses. Nutrition education and consumer education should be inherent components of programming. Work-study programs should also be developed as a joint rehabilitative effort on the part of schools and local businesses.

Quality infant care that is convenient and inexpensive is an inherent part of the comprehensive services to rehabilitate the infants and their parents. Comprehensive service programs should include health care, financial support counseling, vocation training, and family planning to include teen parents, babies and grandparents.

RECOMMENDATIONS

LACK OF INFORMATION

1. There is a need for increased funding for family planning and educational services especially designed to meet the needs and values of teenagers. Community based and school based programs of age appropriate sex education, including information on sexually transmitted diseases, and family planning for girls and boys and for their parents should be expanded. These programs should be readily accessible within all types of communities--urban and rural with flexible hours.

2. There should be in-service training for staff of youth service agencies which should include sex education programs.

3. The State Board of Education should issue guidelines on sex education for elementary and secondary school children.

4. A comprehensive program of services for adolescents who are under state guardianship or who are residing in state facilities which would provide education, counseling and services should be developed.

5. School districts should be mandated to make available family life education and education for parenthood offered "within a framework of responsible decision making" which includes the option of saying "no" to sexual activity. Children should be made aware of the problems and responsibilities related to teen sexuality and pregnancy.

6. Programs that may help parents instruct their adolescent children in individual sexuality, parenting and responsible sexual behavior should be developed.

TEENAGE PREGNANCY, PARENTHOOD AND INFANT MORTALITY

1. Communities should have comprehensive programs that provide health, education and social services to youth (rather than solely contraceptive information). These programs should include residential programs including specialized foster home placements for young mothers and their babies who are without family support.

2. Infant day care resources, particularly in conjunction with public school and career development programs should be expanded.

3. The U.S. Department of Agriculture's Special Supplemental Food Program for Women, Infants and Children (WIC) as it is administered by the Illinois Department of Public Health should be expanded. This assistance should be made available throughout the state. Adolescent parents should be more effectively informed about the content of and procedures for qualifying for this aid.

4. Expand the unmarried mothers program of the Illinois Department of Children and Family Services and other similar programs which may exist which provide obstetrical care, physician services for the new infant, residential care, clothing and counseling for an expectant mother. The optimum use of existing funds appropriated for this program should be insured. Funding should be increased for the provision of those essential services to young women not currently eligible.

5. In vocational training, employment counseling and job placement services for adolescents, special emphasis should be given to school age mothers and fathers seeking to support a child.

6. Expand eligibility for AFDC (Aid to Families with Dependent Children) under the Illinois Department of Public Aid to include the childless pregnant woman. Eligibility should be secured prior to

delivery so that she can obtain basic nutritional supplements and other resources necessary to reduce prenatal and perinatal health risks and to assure support for the newborn infant.

7. Insure adequate fiscal support for the educational and other services provided to adolescent parents.

8. Encourage the establishment and funding of comprehensive Adolescent Parent Support Service Centers.

IV. SUBSTANCE ABUSE

A. PREVENTION AND ALTERNATIVE PROGRAMS

There is a need to develop educational, vocational and recreational alternatives to the use of alcohol and drugs for youth. Young people need to be exposed to decision making processes in vocational and social settings, and to be offered opportunities to demonstrate skills and ideas which can lead to their successfully reaching predetermined goals. The school is the usual testing ground, but for those children who have a less than satisfactory school experience, other settings need to be available. The national Channel One program is an example. It attempts to develop alternatives for drug abuse for youth ages 12 through 21. Using management and technical skills and the communication networks offered by the business community in partnership with drug abuse prevention techniques from the public sector, the program is designed to provide trades and technical training opportunities, rather than menial or "busy" work. Based on the more traditional prevention model, programs such as Operation Snowball and the Illinois Teen Institute use the approaches of factual information, affective experience, alternative activities, and environmental change to promote the personal and social growth of youth prior to the onset of identifiable problem patterns and to establish knowledge, attitudes, behaviors and social norms which are less likely to lead to adverse patterns of conduct.

On a more personal and individual level, corrective influence can be exerted against the often unintended representations by the media that drug use is a part of the glamorous life of sports stars, entertainers, and other heroes. Adults and older responsible peers need to accept the challenge of making life more interesting for young people who have become dependent on passive stimuli such as television or other forms of vicarious living, by actively involving themselves in cross-age counseling, social recreation programs, or other mentor roles.

Company or government-sponsored Employee Assistance Programs usually are not considered as youth-oriented drug/alcohol prevention programming. These programs are designed to provide helping resources to employees whose personal problems may be interfering with their job effectiveness. In addition, such programs are often the best and most direct path to assistance for young people living in families disrupted by alcoholism or drug abuse.

RECOMMENDATIONS

1. Development and implementation of primary prevention programs in the area of substance abuse should be encouraged.

2. Prevention strategies should be directed toward a wide range of individuals including non-users, experimental social users, and episodic abusers.

3. The use of private community-based resources should be expanded as part of any primary prevention effort.

4. Community or school based cross-age and social recreation programs linking interested high school students and adults in mentor roles with younger children should be established.

5. The involvement of young people themselves represents a relatively untapped resource. Peer projects such as the youth run Operation Snowball which provides a support system for youth in over a dozen high schools should be supported.

B. SUBSTANCE ABUSE EDUCATION

In 1974, the National Institute on Drug Abuse declared a moratorium on the materials and methods then being used for drug education, whether through the media or through the schools. It had been determined that these programs which provided purely factual information or relied on scare tactics were at best ineffective, at worst counterproductive. Attempts since 1974 to introduce more appropriate and uniform drug education curriculum throughout Illinois school districts have been unsuccessful at both the administrative and legislative levels.

Research has shown that a small number of young people will use drugs no matter what the intervention, and a comparable few will not use drugs no matter what their exposure to drug-taking behavior in the home or among their peers. For the great majority in the middle, perhaps 80%, drug specific information or coercive messages tend to bring about no change in attitude other than to promote curiosity, and no skills in thinking seriously about what life is all about.

The most successful drug education offered to date has been effected through the young person's experience of dialogue with peers and adult leaders about the many problems today's young people must face. Using the methods of affective education (exploring attitudes, learning the difference between reasonable and unreasonable risks, making decisions, developing healthy esteem for self and others) and alternatives to drug-induced escapism, the student can acquire skills necessary to becoming informed and responsible about drug use and other personal and social issues.

RECOMMENDATION

Statewide standards should be developed for implementation of compulsory substance abuse education which would be made up of age appropriate and current curriculum and be incorporated as a part of a school based prevention program from grades K to 12.

C. INTERVENTION WITHIN THE SCHOOLS

While the language of protective legislation for the handicapped (P.L. 94-142--Education of the Handicapped and Section 504 of the Rehabilitation Act of 1973--Nondiscrimination on the Basis of Handicap) does not include specific reference to drug and alcohol abuse under "Definitions", the U.S. Attorney General has ruled that alcoholism and drug addiction, in and of themselves, are handicapping conditions if they limit one or more of life's major activities. The spirit of the laws requires that protections be accorded to all children suffering from physical or mental impairments including substance abuse and that priority status accorded to other handicapping conditions or present inability of a human service system to provide service is not a valid reason to continue to deny it.

Children involved with drugs usually face a solely disciplinary response with no recognition of the "handicap" potential of increased and unchecked use of substances. Neither traditional schools nor vocational training schools are required to modify standards regarding performance or behavior, or to make appropriate accommodation for the child handicapped by reason of drug or alcohol abuse. Whether because of ambiguity in the language of the regulations or of varied individual interpretation, systematic exclusion of the child or refusal to deal with him/her often results.

Among children who are suspended or expelled from school, or drop out, a very small percentage enters the drug abuse treatment system. For these there is some chance of participating in an educational process since drug treatment programs, particularly

residential units, attempt to provide vocational/educational evaluation and counseling, other psychological services and, in some instances, tutorial services and GED preparation. However, with serious limitations on funds and required staff expertise, the treatment system cannot guarantee adequate educational services.

It is clear that the responsibility to insure a free, appropriate public education for all children through age 16, whether in the traditional classroom or through educational supports to alternative settings, is the responsibility of the educational system. It is not clear whether the responsibility to assume the costs of providing special educational, vocational and related supports for children who are handicapped by reason of severe substance abuse rests with the State's educational system or with the Department of Rehabilitation Services.

RECOMMENDATIONS

Within the responsible agency, policies and procedures should be implemented, and funding mechanisms established to:

1. Encourage and increase the availability of school-based early intervention for youthful substance abusers who are not yet totally dependent;

2. Require discipline to be carried out in the least punitive setting, e.g. in-school as opposed to out-of-school suspension;

3. Allow expulsion only for more serious criminal activities such as sale of controlled substances and other offenses as defined under Illinois law;

4. Provide that the mandated special education services be implemented for those in residential and outpatient substance treatment units who meet the definition of "handicapped", and to allocate adequate funds for a course of study designed to meet individual need and staffed by qualified instructors; and

5. Provide appropriate related services (e.g. counseling services, early identification, parent counseling and training, psychological services, recreation) and vocational services to all children whose substance use and inappropriate behavior patterns indicate that they are at high risk of becoming dysfunctional, even though not yet classified as "addicted".

D. REMEDIAL EMPLOYMENT PROGRAMS

Similar to the problem stated above, Section 504 as interpreted and implemented provides questionable protection for substance abusers in regards to employment. In effect, it promotes an institutional rationale for discrimination against them. In order to be covered under the regulations, the handicap (e.g. drug abuse) must be severe. People with severe substance abuse problems also present performance and behavioral problems. These problems can, and frequently do, provide the basis for disqualifying them from jobs, training, or vocational services.

A recent employment project conducted in Chicago as part of a national study provided on-site vocational services specifically designed to accommodate the needs of adult drug abusers in treatment.[1] Many of those served previously had been denied access to rehabilitation services for reasons related to their drug use. Besides better than expected success, as measured by training and job placement rates, the study showed that a significant number of clients in the sample became more responsible in cooperating with treatment and, in many cases, curtailed long term patterns of continuing or intermittent drug use. This resulted whether or not they actually were employed, pointing up the preventive nature of involvement in structured, goal-directed vocational education activities. By extension, the results of the study also suggest that, for young people who use drugs or are at high risk, pre-employment programs should be a major part of any prevention effort.

RECOMMENDATIONS

1. Present policies and procedures of all federally-funded vocational services should be examined to insure against discriminatory practices in admission criteria, intake procedures and programs.

2. Specialized programs which include a sufficient number of training slots, preferential recruitment, and specially assigned counselors should be designed and implemented.

E. TREATMENT

A young person's misuse of substances rarely occurs in a vacuum. Understanding the family or institutional dynamics in the child's background is an important step to assuring a good prognosis for treatment of the problem. Recent studies indicate that

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[1]Employment Specialist Demonstration Project--Final Report to be published by the National Institute on Drug Abuse (NIDA) in February, 1981.

young abusers, both male and female, have been the victims of abusive or neglectful parents and of homosexual or heterosexual incest more frequently than is the norm. Both these areas indicate a need for intensive family intervention. However, within the treatment system, there is extremely limited access to qualified family treatment, for either direct or consultative service for substance abusers.

RECOMMENDATIONS

1. Resources which provide family treatment should be available as an integral part of substance abuse treatment. The state should assume primary responsibility for assuring these services.

2. A statewide interagency task group should be established to monitor the scope and quality of family services presently available to substance abusing youth, and to recommend policy and procedures necessary to insure adequate service delivery.

3. There should be residential treatment available for adolescents with handicapping drug and alcohol problems: intensive treatment at the state level and supportive half-way houses at the local level.

V. JUVENILE JUSTICE

A. MINORS IN NEED OF SUPERVISION

The minors in need of supervision (MINS) jurisdiction of the juvenile court is undergoing a major reassessment throughout the nation. The elimination of the juvenile court's jurisdiction has been recommended by the National Council on Crime and Delinquency; the Institute of Judicial Administration/American Bar Association, Juvenile Justice Standards Project and the Department of Health Education and Welfare in Model Acts for Family Courts and State - Local Children's Programs. Essentially, those who argue for removal of MINS jurisdiction contend that the state should reserve its coercive authority for those individuals who engage in criminal activity. Since MINS violators are brought to the attention of the juvenile justice system for actions which would be legal if they were committed by an adult, it is argued that MINS violators are being prosecuted solely because of their age or status as minors. MINS violators are, as a result, often referred to as status offenders. The various arguments on both sides of the issue were weighed and it was concluded that the jurisdiction of the juvenile court should continue but in a very limited manner.

Persons who favor the elimination of the juvenile court's jurisdiction over minors in need of supervision argue that the juvenile court is an inappropriate organization to intervene in case situations involving sensitive intra-family relationships. They argue that the adolescent who is rebelling against adult authority would be better served on a voluntary basis or in many instances would fare better if not served at all. Proponents of labeling theory argue that juvenile court intervention often does more harm than good. It is argued that juvenile courts do not have the capabilities to serve MINS cases, that the attempt to serve these cases would take needed resources from neglect and delinquency cases where intervention is more appropriate and that courts' willingness to become involved in truancy and runaway cases discourages the development of community based services.

Those who favor the continued jurisdiction of the juvenile court over minors in need of supervision most often point out that current practice limits the use of juvenile court to only the more severe and habitual status offenders. They further argue that if the juvenile court was not involved in status offender cases it is possible that no agency would serve these children. The juvenile court can play a leadership role and encourage other social agencies to develop services for adolescent youth. Furthermore, there is no inherent reason why the coercive authority of the court must be directed solely at the youth and not at those adults and agencies responsible for the youth's welfare.

Illinois has moved in the direction of limiting but not eliminating the juvenile court's jurisdiction. Such an approach should be continued in Illinois. In the early 1970's, Illinois amended its Juvenile Court Act to prevent the referral of MINS youth to correctional facilities. Juvenile courts in many communities have established screening committees or have other diversion mechanisms so that the courts will become involved only after other alternatives have been attempted. The State of Illinois with the creation of the status offenders service program, currently housed in the Illinois Commission on Delinquency Prevention, is slowly moving in the direction of creating a statewide agency devoted to the development of programs servicing the MINS violator. Furthermore, the Juvenile Court Act was amended in 1979 to prohibit the holding of MINS violators in secure detention. The Illinois Legislature enacted the amendment to implement the provisions of the Federal Juvenile Justice and Delinquency Prevention Act which required states who received money under the Act to prohibit, within two years, the holding of status offenders in secure detention.

Following a thorough review of the MINS situation, it was concluded that the current trend limiting the jurisdiction of the juvenile court was appropriate, but that it would be a mistake to abolish MINS jurisdiction completely. Many of the procedural safeguards now given juvenile delinquents should be given to MINS violators, and that the current trend to screen out and divert juvenile offenders should be continued and expanded. Legislation prohibiting the use of detention for status offenders was strongly endorsed and the concept of increasing the juvenile court's authority over parents and youth serving agencies responsible for the youth's welfare was supported.

In many ways, the issues involving MINS violators mirror the issues facing adolescent youth in general. Throughout the Adolescent and Juvenile Justice Section of the Report there are recommendations dealing with MINS violators. The following recommendations focus on the role of the juvenile courts.

RECOMMENDATIONS

1. Jurisdiction over minors in need of supervision should be maintained within the juvenile court; however, the end goal should be removing jurisdiction over minors in need of supervision from the juvenile court.

MINORITY REPORT -- RECOMMENDATION 1

Substitute the following language:

> *Jurisdiction over minors in need of supervision should be maintained within the juvenile court and provision should be made for secure placement in certain extraordinary cases where the physical, emotional or mental health of the child requires it. Safeguards must be explicit to prevent previous abuses, e.g., detention of dependent and neglected children. Secure facilities for non-delinquents should not mean detention centers, but rather a closed setting where a child can be kept from leaving until the urgent nature of the problem has been eased. Children must sometimes be protected from their own immature judgment.*

NAME	*COUNTY*
Mary A. Dunlavey	*Peoria*
Janet Marx Ruhde	*Peoria*
Sharon A. Johnson	*Henry*
Jan Speer	*Warren*
Lois Frels	*Rock Island*
Marian McCart	*Rock Island*

2. The definition of minor otherwise in need of supervision (Section 702-3 of the Juvenile Court Act) should be reviewed in order to clarify and narrow the jurisdiction over those minors in need of supervision judged to be beyond the control of their parents.

3. The Juvenile Court Act should be amended to provide that if the minor is not represented by an attorney, public or private, the Court should appoint an attorney to represent the minor in all proceedings arising from a filed MINS petition. If the recommendations of the guardian ad litem or attorney employed by the parents differ from the minor's, another attorney must be appointed.

4. The Juvenile Court Act should be amended to provide that any person or agency requesting the court to terminate its interest in a minor should indicate to the court why the court should terminate its interest in the minor and whether the minor's supervision, if any, was satisfactory or unsatisfactory, and the reasons therefore. Thereafter, the court should, before entering a termination order, provide the minor, his attorney, and other parties with a fair opportunity to controvert the evidence offered in support of the request for termination.

5. Eligibility requirements of social services and youth serving agencies should be coordinated so that no youth is denied services because of the nature and extent of his/her problems. Statewide and community planning mechanisms should be created to develop and coordinate services to MINS violators.

6. Each juvenile court should be mandated to create a juvenile court screening committee with representation from youth serving agencies. The screening committee should review potential MINS cases and make appropriate referrals for services. The committee should encourage the development of services for youth and should coordinate existing services. Referral of MINS cases to the juvenile court should be made only after other alternatives have been considered and rejected.

7. The agency responsible for the guardianship of a youth adjudicated a ward of the court for a neglect, dependency and in some instances minors in need of supervision, shall continue to serve such youth until 21 unless wardship is terminated earlier by decision of the juvenile court.

B. DIVERSION

There is a need for more community based and community controlled services for troubled youth which should be coupled with improved cooperation among police departments, schools and existing agencies.

Central to the provision of youth services is the relationship of law enforcement personnel to youth in the community. When rapport can be established between juvenile officers, students, school administrators, and local service agencies, delinquency prevention has a better chance for success.

Too often one member of the family is singled out for coercive attention, ignoring the fact that youth's behaviors are usually the product of a long and tangled web. In many cases, youth and families may be passed from one agency to another, each of which attempts to treat only certain symptoms. Often, the potential sources of greatest help--the family and the community--are not involved.[1] Another promising resource, frequently overlooked, is the use of the talents and experiences of other youth.

Another issue to be addressed concerns the absence of a rationale on which to base those critical decisions which are made daily by law enforcement and court personnel regarding who is to be diverted and who is to be handled more formally. While the excellence of certain individuals and communities is not in question, system-wide criteria and guidelines are lacking.

Of concern too, is the question whether diversionary programs are truly diversionary (referring youth who would otherwise have been handled by the court) or preventive (serving a new group of youth in addition to those referred to court). Another issue surrounds the nature of voluntariness. Basic fairness dictates that the coercive power of the court should be limited to those cases which have been adjudicated. Finally:

> One of the difficult problems will be to provide this kind of alternative choices and make them available in all areas of the State with some degree of uniformity of application and operation.[2]

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[1]June 5, 1980, Press release from the office of the Governor.

[2]Report of the 1970 Illinois White House Conference on Children and Youth, May 1970, page 73.

RECOMMENDATIONS

1. Criteria must be set for diversion and intake guidelines for law enforcement and court personnel following these principles:

   a. When appropriate, referrals should be made directly to community agencies without court involvement.

   b. The coercive power of the court should be limited to those cases which have been adjudicated.

   c. Every effort must be made to assure that youth, wherever their geographic location, socio-economic status, race, sex or age, will have access to community services.

2. The involvement of young people represents a relatively untapped resource, positive peer projects such as Operation Snowball, and the use of youth volunteers within juvenile court systems should be encouraged.

3. Private community agencies which provide a range of services to youth and families are preferred over service delivery systems that focus only on symptoms to be treated. Services might include walk-in counseling, alternative shelter, teen health clinics, drug emergency responses, youth employment training and legal services.

4. Community family-counseling centers should be available to work with the complete family, not just with the family member overtly in trouble.

MINORITY REPORT -- RECOMMENDATION 4

Add the following:

Juvenile Bureaus and Juvenile Courts should be expanded into FAMILY SERVICE BUREAUS and FAMILY COURTS, where the rights and responsibilities of all members of the family, as well as the best dispositions for all members of the family, can be taken into consideration at every stage of the process.

NAME	*COUNTY*
Mary A. Dunlavey	*Peoria*
Janet Marx Ruhde	*Peoria*
Sharon Johnson	*Henry*
Jan Speer	*Warren*
Lois Frels	*Rock Island*
Marian McCart	*Rock Island*

5. Recognizing that some youth are not running from home so much as they are running from school, funding from county, state and federal sources should be provided to communities to establish appropriate educational programs for those youth who are unable to develop their potential in traditional classroom settings.

6. Juvenile police officers must be educated and trained to be proficient in the social behaviors and needs of juveniles. The Illinois Juvenile Court Act should be amended to require certification and registration of "Juvenile Police Officers" as designated in Chapter 37 - Section 703-2.

C. DETENTION

The 1970 Report of the Illinois White House Conference on Children and Youth included a discussion and recommendations regarding major problems in the area of detention of children. Those included the improper use of detention, detention for extended time periods, comingling of dependent and neglected children, minors in need of supervision and delinquents, and the jailing of children. Since that report, progress has been made in procedures and in setting limits on the duration of detention. Great strides have been made toward eliminating non-offenders and status offenders from secure detention facilities; however, comparatively little progress has been made in the area of removing juveniles from jails.

Removal of children from adult jails and lockups, another provision of the Juvenile Justice and Delinquency Prevention Act, is currently receiving national attention as the Act goes through is reauthorization process in Congress this year. When children are placed in jails in Illinois, those jails do not have to meet standards that are as high as the county detention standards. According to a Children's Defense Fund report, "There is surely no basis in law for having lower requirements in a jail because the community has failed to provide a separate detention facility for children within the jurisdiction of the juvenile court."[1]

Given that jails frequently have limited resources, it is questionable whether juveniles, particularly female juveniles, receive their needed basic services. The separation requirement has unintentionally at times resulted in the use of isolation cells for detention of juveniles. Use of jails for detention

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[1]Children's Defense Fund, Children in Adult Jails, December, 1976, p. 58.

purposes seems to becoming institutionalized as evidenced by new jail construction. Of those counties building new jails in the last decade (aside from those already having detention centers) all have added a juvenile section rather than build a separate detention home. It is ironic that some federal funding went into these projects, if not for bricks and mortar, at least for technical assistance and planning.

Information available regarding juveniles held in jails is incomplete. We lack data on length of time held so that we can begin to make distinctions between those juveniles held for identification and processing and those held for more extended periods. We lack separate data on the holding of youth charged with felonies; often such youth are held for long periods of time.

Those detention centers that do exist in Illinois are unevenly distributed around the state with some in need of replacement or renovation. There is a lack of criteria for intake and for the use of detention in Illinois. Many communities lack 24 hour intake services even when detention is available.

Major challenges are seen in the maintenance of effort in the deinstitutionalization of status offenders while working for the new initiative on children in jails, and improving the quality of care of those in detention.

RECOMMENDATIONS

1. The use of municipal lockups and county jails for the temporary holding of juveniles should not be allowed. Illinois law should be amended so that the use of county jails, municipal jails, and lockups for detaining children is prohibited.

MINORITY REPORT -- RECOMMENDATION 1

Subetitute the following:

> *The use of municipal lockups and county jails for temporary detention of juveniles may be allowed for identification and processing of said juveniles for no longer than six maximum hours.*

NAME	*COUNTY*
Max J. Vogel, Jr.	*Lake*
Nan Schwemm	*DuPage*

2. Further clarification of Illinois Law should be made in regards to the use of county jails, municipal jails and lockups for detaining juveniles as well as the meaning of detention.

3. Until such a prohibition can be realized, standards for the care of juveniles in jails should be as high as those for detention; isolation of juveniles and solitary confinement must be prohibited; and high priority must be given to training jail staff who work with juveniles.

4. There should be no mixing of adjudicated and non-adjudicated delinquents in the use of the 30 day detention disposition now available within the Juvenile Court Act. (Chapter 37, § 705-2)

5. The Juvenile Court Act now permits the use of a residential facility as a condition of probation; however, if detention is utilized as a disposition, the same safeguards should apply as do to a disposition to the Department of Corrections e.g. requiring that the judge cite reasons for the disposition and that a current social history be available.

6. Options for the development of regional detention facilities should be explored which would include an examination of issues relative to the cost of transportation and appropriate and uniform classification and transfer of juveniles.

7. The use of non-secure alternatives such as specialized foster homes, "Attention" or other group homes, home detention and other programs should be encouraged and funding made available to community groups for that purpose. State funding should be on a priority basis to rehabilitation programs rather than detention.

8. Intake staff should be available on a 24 hour basis. Intake standards should be developed which would effectively screen youth before detention.

9. Every effort should be made toward bringing Illinois detention centers into compliance with existing standards and encouragement should be given toward meeting such national standards as those promulgated by the American Correctional Association and the American Medical Association. Detention standards should be enforced.

10. Juveniles charged with a felony should only be moved from a detention center to a jail following a transfer hearing for cause shown provided however that there is sight and sound separation from adults at such jail.

11. Statistics regarding utilization of county jails, municipal jails and lockups for juveniles should be gathered so that specific information can be obtained. For example, there is need for data which would show where juveniles transferred to the criminal court are held and for how long.

12. Federal and state funding should not be available for the development of jails with youth holding facilities.

13. The home school has an ongoing responsibility to those children who find themselves within the juvenile justice system.

14. Violation of a court order for MINS is not grounds for incarceration.

D. COURT PROCEDURES

1. INCONSISTENT INTERPRETATIONS

The Juvenile Court Act has received inconsistent interpretations by Courts, both within the same judicial district and throughout the state. This has frequently given rise to inconsistent dispositions both in the adjudicatory and dispositional stage of court proceedings. The disproportionate number of minority youth in the juvenile justice system and their discriminatory handling while in that system, must be addressed and effectively dealt with.

There are no requirements that judges, prosecutors, public defenders, guardian ad litems, or other juvenile court personnel are qualified in juvenile matters. Juvenile law is generally a non-profitable area of law for attorneys and, accordingly, unless an attorney works in the public sector, he frequently has had little, if any, experience in juvenile law. Until recently few juvenile court cases were ever appealed and the relevant appellate law to serve as a guide to judges and attorneys is sparse. One reason for the lack of appeals is that frequently by the time a case reaches the Appellate Court, the matter becomes moot (in other words, the juvenile is no longer subject to the court order) and, therefore, there is a lack of an incentive for appeals except by public interest groups. Further, there are no statewide guidelines suggesting procedures for handling of petitions, appointment of

attorneys, requirements to notify juveniles of their rights, their eligibility for court appointed counsel, parent/juvenile conflicts, adjudication standards, handling of pleas (including determining the accuracy of pleas, admitting the allegation in a petition and the responsibility of various parties concerning plea agreements), rules of evidence and the other procedural matters that affect the court hearing. Although there are some continuing education courses available to judges and prosecutors, these are voluntary and in many areas throughout the state, the juvenile judge also hears many other matters and, therefore, juvenile law and in-service training play a secondary role to the judge's total responsibilities.

Still another reason for inconsistent interpretations of the Juvenile Court Act is the fact that the Act applies not only to delinquents, but also to minors in need of supervision, neglected and dependent children. The dispositional possibilities for each of the separate categories are different and at times there is improper classification in order to try to find a more appropriate disposition. For example, a minor in need of supervision often is prosecuted as a neglected case in order to force services from the Department of Children and Family Services. In other cases, a minor in need of supervision may be tried as a delinquent in order that he can be detained and sent to the Department of Corrections because of unavailability of any services for such MINS youth.

RECOMMENDATIONS

1. The Juvenile Court Act and the Rules of the Illinois Supreme Court should be amended to provide that judges assigned to hear juvenile matters be selected from among experienced jurists or lawyers; that judges and publically funded lawyers should be required to take a preparatory course in juvenile law, court proceedings, issues and resources relevant to youth and family matters prior to assignment to the juvenile court; that in-service training should be held on a regular basis; and that the costs of these programs should be included in the budget of the circuit courts.

2. The Illinois Judicial Conference Committee on Juvenile Problems should prepare uniform guidelines of procedure covering the proper classification so that petitions will be filed

in accordance with the Juvenile Court Act and MINS jurisdiction should not be used as a substitute for neglect jurisdiction, delinquency jurisdiction should not be used as a substitute for MINS jurisdiction and the alternative should also not be used wherein MINS is used for either delinquency or to remove minors from suspected neglectful or abusive homes. Further, guidelines should be promulgated so that there will be uniform procedures throughout the state covering hearings wherein a minor should at the earliest possible time be apprised of the following items:

a. The court should determine whether the parties are capable of understanding the proceedings and reasonably participating in them, taking into account language barriers.

b. Statement summarizing the possible stages and outcomes of the juvenile court proceedings.

c. The juvenile should understand the factual basis for the proceedings.

d. The juvenile should be informed of his rights under the Juvenile Court Act.

e. The juvenile should understand his rights to an attorney and the juvenile's role in directing the proceedings affecting him, assuming the juvenile is a mature youth.

f. Procedures should be set forth with accuracy concerning acceptance of admissions or pleas of the parties, the prosecutor's duty and the judge's duty in accepting such a plea and in verifying the truth of the allegations.

Standards should also be promulgated setting forth proper dispositional procedures to allow the youth to understand the nature of a social investigation and need for social and clinical investigations, their use and the right to confront the individuals making such social or clinical investigations.

3. A minimum tenure for juvenile court judges should be established such as a three year assignment.

2. DELAYS

Juveniles are faced with delays, unnecessary continuances and, in particular, delays in dispositional hearings. A juvenile faced with court procedures is entitled to expedited hearings. Being a party in a juvenile proceeding is disruptive to a youth's educational program as well as being a very difficult psychological impediment. Frequently those involved in juvenile proceedings are the least likely to have the inner strength necessary to cope with court proceedings. Because of overburdened court calendars, there are frequently long waits in court, days of hearings and many continuances, both because of the prosecutions' inability to prepare their cases promptly and the lack of attorneys willing to handle juvenile matters. This lack causes an extra burden on the public sector in providing attorneys for youths in court.

RECOMMENDATION

The guidelines referred to in the above recommendations concerning the prior problem area should include specific admonitions to attorneys, judges and court personnel to expedite hearings on all matters. Further, there should be additional funding in the public sector to provide adequate staff, attorneys, judges and courtrooms to provide for such expedited hearings.

3. RECORDS

The Juvenile Court Act does not provide for expungement of a juvenile record. Although the Juvenile Court Act provides for confidentiality of juvenile records in most instances, it has been claimed that there actually is little policing of such confidentiality provisions. In addition, with expanded technology, centralized recordkeeping has been started for many juvenile records without proper safeguards being established to protect against misuse, misinterpretation, and improper dissemination of information. Adults have the right to file petitions in criminal court for expungement of records under various circumstances. Juveniles do not have such a right.

RECOMMENDATIONS

1. The Juvenile Court Act should be amended to allow provisions for expungement of records at least comparable to expungement provisions allowed adults in criminal matters.

2. Minors should have access to their juvenile police records with a provision for input into those records and an opportunity to challenge their contents.

3. No one besides the youth officer, authorized court personnel and, through the minor's consent, his attorney and family should have access to juvenile police records.

MINORITY REPORT -- RECOMMENDATION 3

This recommendation should be stricken because the Juvenile Court Act amply safeguards the privacy of juveniles while allowing intake workers, court appointed guardians and law enforcement personnel access to this needed information.

NAME	*COUNTY*
Mary A. Dunlavey	*Peoria*
Janet M. Ruhde	*Peoria*
Laura McClugage	*Peoria*
Jan Speer	*Warren*
Sharon Johnson	*Henry*

E. PROBATION SERVICES AND TRAINING

The juvenile court plays an important role in the delivery of services to youth. If the services cannot be delivered on a truly voluntary model, the coercive authority of the court must be used. In most instances, however, formal authority of the court is used only as a threat. Formal adjudication of children as delinquent or MINS is seen in many communities as a last resort. The court however can play an important role in the delivery and development of services. Since there is a possibility that any case may find itself in the judicial process, the court sets the standards under which cases are monitored.

In order for the juvenile court to function it must be adequately staffed with a competent, well trained court services unit. The court services unit acts as the eyes and ears of the court. In most counties, court services intake units provide the initial screening of cases which are filed in the juvenile court. This screening decision is ultimately shared with the states' attorney's office but must be made on the basis of social factors influencing the youth and not merely the alleged act or crime which brings the youth in contact with the juvenile justice system. The Court Services Unit provides the judge with a neutral source of information about the youth. A social history should be required in all juvenile cases and the court should be required to state the reasons for choosing any particular dispositional alternative. The court services unit also provides supervision for

youth who are placed on community probation. Probation is the dispositional alternative chosen in most juvenile cases which proceed through adjudication and disposition. The court services unit must be prepared to provide counseling services and advocacy services for the youth who is placed on probation. Services may also have to be provided for the youth's family. The court services unit has an important role to play in the development of community services. Because the court services unit is a part of the juvenile court which is at the focal point of the juvenile justice system, the court services unit is often able to provide a leadership and coordinating role in the development of youth services.

In Illinois probation and court services are under the jurisdiction of the local courts. The largest percentage of funding for court services comes from local political entities, usually the county board. This fiscal relationship insures community political control over the delivery of services. Correctional services have traditionally been provided by the community. Local governmental and private organizations operating at the local level must provide the bulk of services to youth. In order to fully develop these programs there is a need for additional sources of revenue. Illinois has in existence a Probation and Court Services Subsidy Program administered by the Administrative Office of the Illinois Courts. This office supplies funds to counties who meet certain personnel and training standards. The program as it exists, provides a healthy blending of control between state and local authorities and the executive and judicial branches of government. The program should be supported with a greater emphasis on the development of community based services for youth. The Administrative Office should require community planning, and demonstrated community willingness to provide services to youth before additional funding is made available. Community programs such as restitution and public service employment should be developed. Funding for institutional placement should be discouraged. Training should be required for all personnel who are employed in the juvenile justice system. In addition, certification and registration of juvenile police officers should be required.

RECOMMENDATIONS

1. Probation services should remain the responsibility of the local community. Correctional and rehabilitative services must remain community based in order to function. Probation court services are an integral part of the judicial system and are vital to an effective correctional system.

2. The existing mechanism available through the Administrative Office of the Illinois Courts for probation officer subsidy should be expanded to

assure the creation of statewide standards and high quality probation services in each locality of the state. Such funding should provide incentives for non-institutional placements and evidence of cooperative efforts not only between probation units but educational, mental health, recreational and other youth and social service agencies in the region, should be shown prior to funding.

3. Community programming with youth remaining in the home should be considered the primary dispositional alternative. The burden of proof should be placed on other alternatives. Concepts such as the least restrictive alternative and the requirement of providing reasons for using institutional placement should be added to the Juvenile Court Act.

4. There should be increased utilization of cooperative ventures in developing and planning programs for youth across a region or judicial circuit.

5. A social history should be available to the court prior to making any dispositional decision. Judges should be required to state their reasons for any disposition. Such social information should be considered in all decisions made in court which affect the youth.

6. The intake responsibility of juvenile court should remain the responsibility of probation. Intake decisions should be based on social factors as well as the nature of the offense and the previous record of the youth.

7. Diagnostic capabilities should be available to all Court Service Units through purchase of service agreement and cooperative arrangements. Diagnostic services should include psychiatric and mental health consultation and psychological and educational testing capabilities developed by Special Education Units.

8. All probation and court services personnel should be required as a condition of employment, to meet education and experiential requirements to assure professionalism with certification by the Illinois courts. All persons working with the court including state's attorneys, public defenders, etc. should be required to engage in a mandatory continuing education program.

9. All law enforcement agencies should designate, or in cooperation with other agencies, designate at least one of their members as a juvenile officer who should receive special training and work assignments. The Illinois Juvenile Court Act should be amended to require certification and registration of "Juvenile Police Officers" as designated in Chapter 37 - Section 703-2.

10. The Bar Association, schools and other organizations interested in promoting rights of youth should be encouraged to provide educational programs on legal rights and the legal system.

11. Law and knowledge of the legal system should be included in the education of persons employed in the human services.

F. COMMUNITY DISPOSITIONS

There is a need to expand options and develop alternative methods of retraining and rehabilitating juvenile offenders in the community. Generally speaking, the expansion of community options does not require statutory changes. Rather, it involves the creative use of resources as a condition of probation, and many of the recommendations listed under "Diversion" are equally appropriate for supplementing other services provided to the probationer or parolee.

The full potential of community-based sanctions has never been realized. Intensive probation services in lieu of incarceration, such as Unified Delinquency Intervention Services (UDIS) have received national attention. Such programs are heavily dependent on new money and later on general revenue support; however, they offer a promising vehicle for the purchase of innovative and creative programs. Many communities, however, have little in place in which to build new programs. "The National Assessment of Juvenile Corrections has reported that day treatment and other types of nonresidential programs 'are not frequently used and do not exist at all in some states.' "[1]

Recent use of restitution and community service programs provides a useful and logical tool for impressing upon juveniles their responsibilities for destructive acts; recognizes the plight of the victim; and offers visual proof to the community "that something is being done." Some communities have experimented with residential treatment programs. Community treatment of violent offenders could receive fresh impetus through an initiative at the federal level.

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[1]Institute of Judicial Administration/American Bar Association, Juvenile Justice Standards Project, Standards Relating to Corrections Administration, Tentative Draft, Ballinger, Cambridge, Mass., p. 108.

Some of the issues surrounding traditional probation services bear repeating: combined adult-juvenile caseloads; uneven quality of services from one area to another; resources which may not be available, accessible or appropriate; possible diminished sources of funding; differences in community attitudes of what behavior will be tolerated in the community or what level of effort must be provided before commitment.

Currently, there are no financial incentives for local communities to improve services to youth. If youths fail on probation, the state picks up the bill through the commitment process. Theoretically, this practice rewards those counties which provide the least. States such as California and Washington State have introduced a performance subsidy, reallocating resources to the local level when tied to a reduction in commitments. Subsidies without such requirements simply widen the net.

Often overlooked in discussions of community programs is the need to integrate youth into the mainstream of the community after institutionalization, sometimes into a community that may not have had a happy experience with the youth and who may not be that eager to have him back.

RECOMMENDATIONS

1. The continued use of intensive probation services as an alternative to incarceration should be supported. Unified Delinquency Intervention Services (UDIS) is an example of such an approach.

2. Communities should be encouraged to experiment with innovative ways to retrain and rehabilitate youth through such mechanisms as day treatment and counseling for the family.

3. The use of carefully supervised restitution and community service programs is a desirable disposition for adjudicated youth and their use and development should be encouraged.

4. When communities provide quality services, their performance in reducing commitments to the state should be rewarded by state funding of such services.

5. Programs such as graduated release, re-entry programs and intensive aftercare services, are necessary for youth returning from institutions.

G. CORRECTIONS

1. ACCREDITATION

Juvenile correctional facilities and aftercare services are not yet accredited. The accreditation of juvenile correctional facilities is primarily a process of addressing standards that have been developed by the Commission on Accreditation for Corrections.

Paralleling standards in the health and mental health field (Joint Commission on Accreditation of Hospitals) is the very recent development of voluntary standards for correctional programs, which:

> "...emphasize release planning at the onset of commitment, the development of personalized programs which have a time schedule for achievement, the implementation of strong educational programs, and continued contact with their families and communities by the juveniles. The standards mandate humane living conditions and adequate staff training relative to the special needs of juvenile offenders. In addition the standards support the constitutional rights of juveniles and seek to ensure the protection of all juveniles from abuse...."[1]

The logical approach to the process is assessing the present condition of the programs in Illinois and determining what resources are necessary to upgrade them to comply with the standards of the Commission on Accreditation for Corrections. The Juvenile Division of the Illinois Department of Corrections has available resources that could be utilized currently in the upgrading process. If existing resources are not adequate, additional resources should be requested in the annual budget submission. Intrinsic to the process is a timetable for upgrading standards and a timetable for the accreditation of each institution.

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[1] Manual of Standards for Juvenile Training Schools and Services, Commission on Accreditation for Corrections, American Correctional Association, Rockville, Maryland, March 1979--Foreward.

Illinois has provided leadership not only in the development of those standards but in meeting accreditation of several adult facilities. Intended as an on-going process, the national standards will be revised and upgraded as funds are allocated.

Related to the provision of "humane living conditions" is the existence in Illinois juvenile facilities of a number of buildings, which to put it kindly, suffer from deferred maintenance. Several institutions rely solely on open dormitory settings, now considered obsolete and inappropriate for the type of youth coming to the division.

RECOMMENDATIONS

1. Juvenile correctional institutional and aftercare services should be upgraded to meet or surpass national accreditation standards.

2. Priority should be given to phasing out obsolete facilities.

3. Funding at the national level should be allocated for the continued revision and improvement of juvenile accreditation standards.

4. Each child placed in a correctional institution or child care facility should have access to adequate medical, dental and mental health services provided by such institution or facility.

2. EDUCATIONAL AND VOCATIONAL SERVICES

The Unified Code of Corrections mandates opportunity for at least a 12th grade education and authorizes work training programs in the Juvenile Division. During the past decade the Department of Corrections established its own school district to provide educational and vocational programs for both the Adult and the Juvenile Divisions. Funding sources include general revenue and Federal sources such as Title I and PL 94-142 (Education of the Handicapped). Contractual agreements between the department and community and vocational colleges allow eligible youth to participate in off-grounds programs.

Changes in law removing the under 13 and the status offender on one hand and at the other end of the spectrum, increasing the stay of juveniles committed as felons, have resulted in an older

population in the Juvenile Division. While not a substantial percentage of the total, felons tend to "consume" programs because of their longer stays and their ineligibility for off-ground programs.

A profile of youth in the Juvenile Division indicates that: more than half are of minority backgrounds, most are beyond the age of compulsory school attendance at the time of release with the likelihood of never having had a positive school experience; and with no marketable skills. Given the high figures for youth unemployment generally, and strikingly so for minority youth, these facts have rather startling public policy implications.

While the Juvenile Division is not usually thought of in terms of prevention; it should be kept in mind that any recommitment would ordinarily be made to the Adult Division. There is an urgent need to address these issues.

Problems identified include: a) lack of specific vocational training programs in juvenile facilities; b) lack of federal and general revenue monies for new program initiatives; c) lack of union sponsored apprenticeship programs and endorsement for on-the-job training and work experience.

a) There is a lack of specific vocational training programs in juvenile institutions. Many of the existing vocational programs tend to fall in four categories: 1) programs that are for orientation purposes rather than specific job training; 2) programs that provide training in vocational areas where youth employment is low, due to child labor laws, union restrictions, and the extent of required training; 3) programs which are designed around serving institutional needs (the upkeep and maintenance of the facility) as a primary purpose, placing vocational training secondary; and 4) programs designed to function in institutional facilities, which are inadequate to meet the vocational needs of the students.

b) Federal and State general revenue monies for implementing new program initiatives for vocational training are needed. Vocational training programs tend to have a high start up cost due to the equipment and facilities required. Many of the correctional facilities were not originally designed to provide vocational training programs, and require physical renovations and/or capital development projects in order to establish new programs. These costs are generally not covered under grant funds, with which new programs are usually established.

c) There is a need to establish union sponsored apprenticeship programs at juvenile correctional facilities which will lead to continued apprenticeship in the home community. There is a high interest on the part of juvenile residents in many of the vocational areas requiring apprenticeships, particularly in the trades areas. Apprenticeships would provide a meaningful parole planning mechanism which would link institutional training with related post-release placements. Without the apprenticeship link, training programs in the trades area tend to "set up for failure" those youth that are enrolled, since actual employment is only a remote possibility.

Returning youth often meet barriers in re-entering school programs where they were previously troublesome and academically behind their age group. Some problems arise with failure to receive credit for work accomplished in the Juvenile Division.

RECOMMENDATIONS

1. Meaningful education and work training programs which teach skills, raise self-esteem and increase the likelihood of eventual success are to be supported as socially desirable and cost effective.

2. Every effort should be made to provide a continuum of services from institution thrcugh aftercare, recognizing that training in institutions is not an end in itself but a means to an end.

3. Barriers which prevent youth's reintegration into community educational, training and employment programs should be identified and broken down.

4. Priority needs to be placed on establishing high intensity, short term vocational training programs in job areas with a high rate of youth employment. These programs should insure that youth obtain a saleable skill which can be translated into employment. These programs should also be designed to be sequential in nature so that youth may progress to more advanced levels of training either at the facility or in the home community. Communication between institution and field services personnel regarding placement is a crucial element to this program design.

5. Federal and state money should be available for implementing new program initiatives for vocational training.

6. Unions should be encouraged to work cooperatively with the juvenile correctional facilities in establishing apprenticeship programs.

H. CHRONIC OFFENDERS

Because of increasing crime, particularly violent crime, among youthful offenders, pressure is mounting to treat juvenile offenders committed to the Department of Corrections in the same manner that adult offenders are treated. The philosophy of the Juvenile Court Act is being eroded in favor of a punishment/justice model for juvenile corrections. This pressure is reflected in: 1) juvenile felons being subjected to the same sanctions as adults; 2) punitive legislative developments; and 3) punitive administrative developments including restrictions on granting authorized absences, the increase in average length of stay, and the development of risk factors for use by the Prisoner Review Board.

Under present Illinois law all youth under 17 who commit delinquent acts are subject to the Juvenile Court Act. Those 13 through 16 who commit acts which would constitute crimes if committed by adults may be placed in state correctional institutions. The Juvenile Court or the minor, with consent of counsel may initiate action resulting in transfer from Juvenile Court to a criminal court for prosecution under criminal procedures. Whether a child under 17 is adjudicated a delinquent and committed by a juvenile court or tried and sentenced by a criminal court, the minor, if placed in a state correctional institution, is placed in an institution administered by the Juvenile Division of the Department of Corrections.

At the time the Juvenile Court was created in Illinois in 1899 it evolved out of the need to "remove children from the criminal process by creating programs for delinquent, dependent, and neglected young persons. The fundamental concept was that of 'parents patriae', whereby the child was not accused of a crime but instead given guidance and assistance."[1] In those days children and youth were seldom involved in serious crime. Violent crime among adolescents was almost unheard of. Children in trouble were essentially children in need of supervision often dependent and/or neglected. During the years since 1899

[1]Abdensky, Howard, Probation and Parole, Theory and Practice, Prentice Hall Incorporated, Englewood Cliffs, New Jersey, 07632.

and particularly in the post World War II years, children and adolescents have increasingly been involved in serious crime including violent crime. While statistics are not available on which to base comparisons in this regard covering the early years of the Juvenile Court Act, data are available which reveal that during one 15 year period from 1960 to 1975, arrests for murder by juveniles increased 211 percent, robbery--375 percent, aggravated assault--240 percent, etc.[1]

It is understandable, in fact to be expected, that with this dramatic increase of violent crime among young people, public sentiment is growing for protection from these "young" criminals through stronger reliance on punishment and isolation. It is reflected in proposals which amount to abandonment of the juvenile court philoshphy or, at a minimum, modifying the juvenile justice system in favor of one which more nearly replicates the system for adults. Programs for all delinquent children including the very young, less agressive, less sophisticated offenders appropriately under the aegis of the juvenile court philosophy are being impacted in very negative ways for reasons related to the rising number of violent youthful offenders.

There is a parallel problem for some youthful offenders over 16 for whom original jurisdiction lies with the criminal justice system. Here again, rising crime rates especially violent crime rates have led to modifications in the criminal justice system emphasizing the punishment and isolation aspects of corrections such as flat time sentencing and abolition of parole. This means that all youthful offenders 17 and older are subject to a criminal code and criminal procedures geared to the more violent among them. The law gives no recognition to the fact that human beings reach maturity in judgment, psychologically and physically, at variant rates. Some are "young adults" at 14 or 15, others are well into their 20's before they reach maturity and, of course, some never do. Among these youthful "adult" offenders (by definition of the criminal law) are many non-agressive individuals who would more aptly be dealt with under a legal philosophy paralleling the Juvenile Court Act. Just as the juvenile system was not designed to cope with the very dangerous adolescent offender, the criminal system is not flexible enough to respond appropriately to the non-agressive adolescent and young adult over 16.

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[1]Bartollas, Clemens and Miller, Stuart, The Juvenile Offender; Control, Correction, and Treatment, Holbrook Press, Allyn and Bacon, Inc., Boston, London, Sidney, Toronto.

Research related to finding legal models in other states which provide adequate flexibility to assure the appropriate response to various categories of offenders in terms of age, maturity, degree of dangerousness, etc. reveals that no state has faced up to this dilemma very successfully. Two states, Indiana and California, have used a concept by which offenders under a given age may be sentenced to a Youth Authority which exercises control over a specified number of years. There is little difference between those systems and the present Illinois system with two divisions of the Department of Corrections and the option of sentencing juveniles under either the juvenile or the criminal codes.

In light of this discussion three basic issues need to be addressed:

1. There must be recognition of the fact that some youthful offenders are dangerous and the public must be protected from them until there is some basis for a conclusion that they are no longer dangerous. This sometimes requires a time frame beyond that provided under the Juvenile Court Act.

2. There are many older children, youth and young adults whose behavior has not been really dangerous but who are out of control and require correctional confinement but for whom the rigidity and the punitive aspects of the criminal system, particularly the release process, are neither required nor appropriate.

3. Where correctional programs for children are administered by a correctional agency also responsible for adult offenders, there is danger that the philosophy traditional to the public expectations with reference to programs for very serious and adult offenders result in compromising the philosophy of the Juvenile Court Act. By far the majority of offenders for which the Illinois Department of Corrections is responsible (something like 10 to 1) are adults. It is inevitable that attitudes, philosophies, planning, policies and procedures tend to be dictated by needs related to the part of the agency case load which is so dominant.

RECOMMENDATIONS

1. The decision to transfer from juvenile to criminal court proceedings should remain with the juvenile court; the state should bear the burden

of proof in moving for transfer; and the decision to transfer should be individualized, not automatic on charges of specific offenses.

2. The age of continuing jurisdiction under the Juvenile Court Act should continue at 21.

3. Youthful Offender legislation which may provide an alternative to determinate sentences should be researched and studied.

VI. EMPLOYMENT AND EDUCATION

More youth are seeking employment than in the past at a time when unemployment rates among youth are the highest in the country.

> Between 1940 and 1970, the proportion of 16 year old males attending high school and working part-time increased from 4 per cent to 27 per cent. For females the same age, the increase was from 1 per cent in 1940 to 16 per cent in 1970.
>
> Current estimates indicate that at some time during the school year, about 50 per cent of all high school juniors and seniors and about 30 per cent of all 9th and 10th graders are employed. These percentages include teenagers paid "off the books" by employers seeking to avoid paying the minimum wage and Social Security taxes.[1]

When young people do decide to try and seek employment, conditions in the marketplace may work against them. In 1978, the unemployment rate for black youth aged 16-19 was 38.6%; the rate for hispanic youth as 20.6%; and the rate for white youth was 13.9%.

> Youth employment is the most pressing manpower challenge facing the country today. All unemployment is wasteful, but when it is concentrated among youth, as is presently the case, it has particular human, social, and economic consequences. It implies not only a current loss of valuable resources, but also lost returns on human capital investments which will doubtless extend well into the future.[2]

One of the causes of unemployment of youth is the federally mandated minimum wage law. This rigidly enforced law prevents millions of urban young people from getting

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[1] Sheila Cole, "The Changing Picture of Youth at Work", Chicago Tribune, Sec. 1, page 17, Sept. 21, 1980.

[2] A Review of Youth Employment Problems, Programs and Policies, the Vice President's Task Force on Youth Employment, U.S. Dept. of Labor, Employment and Training Admin., Washington D.C., 1/80, Vol. 1, Preface.

their first job. What sense does it make to insist that an untrained, sometimes uneducated, youth receive a minimum wage for unskilled work and for jobs where he or she requires training before competancy can be achieved? Reduction or deletion of social security taxes could also be considered for workers under age 21.

The benefits of youth employment go beyond the receipt of a pay check and more pocket money.

> ...working is a way to acquire practical knowledge that may help them later on: how the business world functions; how to find and hold a job; how to manage money.
>
> Working enabled many...to learn to budget their time, to assess their goals, to take pride in accomplishments, to manage their emotions and behavior so as to get along effectively with people.[1]

Such benefits need to be measured against other considerations. One consideration is that while working, the high school student may have the funds but insufficient time for social activities.

> Teenage jobholders often complain about how little time they have left just to daydream and fool around. Yet daydreaming and fooling around without responsibility to anyone or anything are essential to exploring oneself and one's interest and relations to others.[2]

A recent study has shown that on the average, the benefits of work can be acquired in about 14 hours of work; after 20 hours, negative consequences begin to outweigh the positive ones.[3]

The impact of employment on the school experience must also be weighed. Ideally the work and school experiences should complement one another. The transition from school to work is very abrupt and also uncertain. Presently it takes more time to accumulate job skills to try out the labor market to see what it wants and the young person realistically has to offer. Hopefully the schools can ease the transition from school to the labor market.

There exists a need for more vocational education programs, beginning in the elementary schools. The Vocational Education Amendments of 1976 (Public Law 94-482) and the Comprehensive Employment Training Act (CETA) have begun to improve the vocational education opportunities for some students--especially the disadvantaged, the handicapped, and the limited English-speaking--but there is still a need to serve more students with even more programs.

1, 2, 3Cole

A particularly disturbing phenomenon is the so-called elitist position many of the vocational institutions now represent, often requiring at-level reading scores for admittance, thus effectively closing the doors to the first quartile target group of students, the very group who so critically needs comprehensive vocational education. The attitude appears to be that the high-achieving and highly motivated student will "endure" the vocational required classes in order to be with other high-achieving specially-selected students. Clearly, this was not the original purpose of vocational education programs, but this is the reality.

RECOMMENDATIONS

1. The Fair Employment Standards Act, Social Security Act, and other related federal and state legislation, should be reviewed with the goal of providing incentives for youth and employees in order to open up employment opportunities for youth.

2. Youth should be encouraged to become involved in voluntary efforts. An example of one mechanism which could facilitate such an effort would be a community youth volunteer clearing house where those needing assistance could be matched with those youth willing to provide their volunteer services.

3. There should be a review and an update of the Child Labor Laws and the laws with respect to compulsary school age in light of today's economic, technological and social conditions.

4. More programs for vocational education should be developed so that every student can be served. Existing facilities should be upgraded to reflect the projected employment needs outlook. The quality of all vocational programs should be upgraded, including the professional competencies of the teachers of the various trades.

5. Prevocational education including hands-on-experience in school, should be instituted. All students should be exposed to a variety of career opportunities.

6. The Governor in cooperation with federal agencies and the U.S. Congressional delegation should insist that employment and training programs within the state of Illinois be targeted to those groups most in need of services based on unemployment and underemployment statistics.

7. The Illinois Commission on Children should initiate a task force on youth employment to assess the needs and to recommend means of providing solutions: particular attention should be given to the needs of

low-income and minority and handicapped youth. The Illinois Council of Youth and private business should be invited to join in the effort. A handbook on the rights and responsibilities of young employees would be a helpful outcome of this task force.

8. Federal Child Labor Law should include protections for children engaged in agricultural labor, who are now exempt from the provisions of both Federal and State Child Labor Legislation.

THE ROLE OF FAMILIES IN NURTURING CHILDREN

Introduction

The role of parents in nurturing children is very demanding. Parents are responsible for developing children and youth to be economically and socially independent and for nurturing them until they have achieved those goals. Needs of families, therefore, must be met in order to meet the needs of children and youth. It is a natural feature of family life that parents today need the help of various institutions.

The family is an institutional structure that has survived numerous changes over the centuries; it has taken various shapes in different cultures. It has withstood changes in the roles of all of its members: mother, father and children. Therefore, the current round of changes are not the first that families have been asked to endure and probably will not be the last. These changes should not necessarily be viewed as a crisis or a sign of a sinking ship. Families need to be supported in coping with change.

Families have inherent strengths that need reinforcing and the first part of this section deals with this issue.

The environment for raising children is more stressful than supportive in some cases. Various forces beyond the control of the individual family exercise great influence. Parents are often competing with Madison Avenue techniques to reach their children Rearing children is a difficult task and parents deserve an environment that is supportive rather than hostile. Therefore, the second section focuses on the environment families find themselves in.

The third, fourth, fifth, sixth and seventh sections deal with families that need additional services.

I. FAMILY - PARENTS AND CHILDREN

Children are and should be an integral part of families and any discussion of children and what is good for them must include all aspects of family living. Included must be consideration of moral values, human sexuality, economic security, and quality day care for children. The family, more than any other place, is where the art of cooperative living is learned. Here are generated and cultivated material confidence, fair play, a sense of belonging, a sharing of goals, team-work, comradeship and trust.

An urgent problem the American society needs to address in the decade of the 80's is that of morality; that which leads to right ideals or principles of human conduct. We believe that the issue of human sexuality must be openly discussed if we are to help our young people move into

responsible adulthood and make sound moral choices. The primary responsibility for teaching morals and the capacity for moral judgment in children falls to the family. To accomplish this task the family needs the help of other community institutions and the support of society-at-large.

The rules of morality are not so much articulated verbal expressions as they are traits of character or habits that are the product of interaction between ourselves and others. Children become moral as a result of living in a moral environment. The ideal kind of morals for a child to develop is that which grows out of admiration for and identification with moral adults. To respect others, children must be respected themselves. A society which stresses success and the accumulation of wealth at the expense of one's moral integrity undermines the family in this important role.

The family can fulfill its responsibility to children only when it is certain that its basic physical needs will be met. It is the responsibility of government to reflect this conviction through laws which help provide economic security for families.

How children are cared for both within and without their families is vital for their successful physical and psychological growth and development. While the family is the major force in successfully meeting children's needs, changes in life styles, economic pressure, and a growing number of single parent families underscore the need for high quality day care to supplement the family's protective, nurturing, and education function.

The essential function of a family unit is to furnish the nurture base for its members which includes provision of food, clothing, shelter, medical care, love, a sense of moral values, a sense of identity and personal worth, mutual trust, protection and an opportunity for all children to develop their individuality and full potential.

In our changing society, the family unit needs a considerable amount of assistance from not only the family members themselves, but also from outside sources: such as the government, churches, and the community. These supportive services should help to insure the vitality of the family unit, not replace it. These services should be used as a method to help the family help itself, to preserve the family, and to prevent the disintegration of the family unit.

One change in our society has been the increasing number of one-parent families. Often these families are subject to more stress than other families. Public policy should reflect an interest in and concern for these families.

During the past decade families headed by women have increased almost ten times as fast as two parent families.[1] By the mid-1970's, approximately one in every seven children lived in a family with a mother as the head. The father was absent because of death, separation, divorce, an out-of-wedlock birth, or institutionalization. About 1½ percent of children live with their fathers only; these fathers tend to have a higher income than female single parents.

Marital history and divorce statistics can be used to show the proportion of children affected by marital disruption. Between 1/3 and 1/2 of the children growing up in the 1970's will have lived in single-parent homes at some point during their childhood. The average length of time they lived with only one parent was between 5 and 6 years. Twenty to thirty percent found their parents divorced. An additional 3 to 5 percent were impacted by their parents annulled marriage or long-term separation. Approximately 9 percent lost one or both parents by death. Another 2 percent lived in a single-parent home with a mother who had never married. The number of children affected by single-parent status is very large and the duration of their direct experience in a single-parent home is substantial.

The greatest increase in single-parent families is among younger women and among nonwhite female-headed families. Nonwhite female heads of families have increased twice as fast as their white counterparts since 1960. The basic rate of out-of-wedlock births is higher among nonwhites. A smaller proportion of such children is placed for adoption. The level of marital disruption is higher, as is the probability of remaining in disrupted marital status. The risk of widowhood is also higher for nonwhite women.

Families headed by women do not constitute a new phenomenon; however, the recent acceleration in the number of such families and awareness of the special problems that many of them face have attracted national concern.

The recommendations listed here can and should apply to traditional and one-parent families. One-parent families should have a high-priority in receiving supportive services.

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[1]This section of the report is drawn in large part from the State of the Art Paper entitled, "Supporting Families in Their Role of Nurturing Children" prepared for the 1980 Illinois White House Conference on Children by Lela Costin.

RECOMMENDATIONS

A. FAMILY IMPACT

1. The government, at all levels, should provide legislation that ensures development of a continuum of laws that:

   a. Support and strengthen families;
   b. Encourage families to maintain responsibility for their members;
   c. Allows families to remain intact yet meet eligibility requirements for programs and services; and
   d. Protect vulnerable families from the disastrous impact of inflation or depression.

2. All present laws, state and federal, pertaining to family life, should be reviewed and, if necessary, rewritten in such a way that the family unit would be strengthened.

3. State and federal government should give funding priority to family support programs.

B. COMMUNICATION

1. Families must be enabled to assert their rights to be involved in all aspects of planning for their children.

2. Churches and synagogues should be encouraged to set up activities for the entire family which include extensive pre-marital and family counseling.

3. Community organizations and clubs should encourage groups of families to share meals and recreational activities.

4. Radio and television should be encouraged to broadcast educational and instructional programs especially at times when care givers and their children are at home and in the early evening when the whole family can share in the viewing of these programs.

5. Organizations which run public service announcements on effective family communication and parenting should receive commendations. The public should commend television shows which deal positively and sensitively with family life.

6. Community service organizations providing classes and programs to aid parents in fulfilling their responsibilities (e.g. parenting skills, communication, teaching children about sex) should be encouraged (e.g. Government subsidies to those who cannot afford programs and financial aid for program development and maintenance) through grants

to continue and expand such programs. These organizations could include Parents Anonymous, YMCA, YWCA and church affiliated organizations. These programs should be free whenever possible and the costs incurred by parents taking such courses should be tax deductible just as courses for professionals are.

7. Families should be encouraged to set aside a regular time to participate in family activity. Community groups and local religious institutions should support this concept by providing resource materials and teaching methods. The media should provide public service announcements to teach the "Family Time" concept and publicize resource materials. Public libraries should provide displays with teaching aids and other resource materials.

8. Classes in communication skills should be offered for children and adolescents by youth organizations and schools.

C. PUBLIC POLICY--TAX BENEFITS

1. Tax laws should not discriminate against parents who choose not to work outside the home.

MINORITY REPORT -- RECOMMENDATION C.1.

Tax deductions and other incentives should be given to parents of pre-school children when one parent is not employed outside the home in order to provide parental in-home care.

NAME	COUNTY
Betty Sawczyk	*St. Clair*
Ann Hooste	*Sangamon*
Claudia S. Young	*Peoria*
Rhonda K. Dilworth	*Peoria*
Ailene Auner	*St. Clair*
G. A. Watson	*Peoria*

2. A double tax exemption should be given in the year of the birth or adoption of a child.

3. An additional tax exemption should be given each year for a handicapped dependent. The principle of double exemptions for the blind should be expanded for others who are handicapped.

II. THE LARGER ENVIRONMENT

The decade of the 80's will bring more changes to families and children; forces outside the family will play an important role in the upbringing of children whether they are in two parent or one parent families. The family, the primary nurturer of children, may require some level of support and assistance for its task which is so vital for the larger society's well-being. Few families are self-sufficient. Some need more help than others to overcome influences related to employment and inflation, media, peers and housing.

A. EMPLOYMENT AND INFLATION

A family's ability to provide children with the basic necessities of food, clothing, shelter and medical care and to achieve a standard of living beyond bare survival is directly related to its available financial resources and how they are utilized through family choices. Economic dependence of families and the quality of life they are able to maintain can be achieved through the work efforts of family wage earners and is significantly affected by the buying power of these earnings.

An economic environment which results in high unemployment of those willing and able to work or in which inflation erodes the buying power of income, adversely impacts a family's nurturing capabilities. The consequences of lost earnings or reduced buying power may range from physical deprivation to psycho-social stress, dysfunction and family breakdown. Unemployment and inflation have become two of the factors outside the family structure that most significantly influence family security and stability today.

Society has generally recognized the need for financial support for those unable to provide for their own needs; however, the level of such support does not always meet basic human needs. Programs designed do meet such needs have evidenced administrative problems. They have not always been coordinated, are sometimes duplicative or counterproductive, and have involved increasing costs. Eligibility criteria and administrative requirements have been inconsistent, often incompatible and confusing. Some programs may hinder rather than help those in need. The concept of "welfare reform" and the means of achieving it may vary among individuals or groups, but most concur in the need for it.

Legislative proposals were considered in the 81st General Assembly and in the current Congress to broaden coverage of existing programs to insure the "near-poor" or "working indigent" against medical indigency

and to establish programs of financial aid to subsidize or fully cover catastrophic medical costs. These measures will be considered throughout the early 1980's. There is broad support for the "concept" of the proposals, but no consensus on the particulars of any single approach.

The legislation developed by the Commission to Revise and Rewrite the Public Aid Code suggested many changes in the current system.[1] It is expected that this bill will be considered by the legislature in 1981.

The increasing participation of women in the work force has also affected the character of the family. The changing job market resulting in a larger number of service jobs has also resulted in women entering the labor force in record numbers. More mothers are working outside the home, compared to a few years ago. This trend is not likely to reverse, especially when the added income enhances the family's ability to cope with enonomic inflation. Support for parents in nurturing their children may mean programs or services aimed at working adults who are out of the home approximately 40 hours a week. When parents are at home they may have housekeeping responsibilities, including cooking, laundry, cleaning, routine maintenance and yard work and car maintenance. Since working parents often assume most of the housekeeping responsibility, this role may not permit much opportunity in a typical week for free time activities with their children and spouses and for personal relaxation. Methods to help working parents may include allowing them to have more flexible working schedules so that they can share child care rather than depend on individuals outside of the family. The conversion of full time jobs to part time jobs would allow some parents to be with their children more.

RECOMMENDATIONS

1. Cooperative efforts of private enterprise and governmental activities, such as tax incentives, the use of revenue bonds and the development of international markets, must be directed toward an improved business climate and expanded job opportunities, with the aim of a job for everyone who is able to work in the job market. A corollary need is the availability and accessibility of effective educational, skill development and job training programs including those in business and industry relevant to the needs of the job market.

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[1]Report to the Illinois General Assembly on Code Revision, Commission to Revise and Rewrite the Public Aid Code, Springfield, 1980, p. 235.

2. Financial and medical assistance for those in need should be available at a level which will help individuals and families maintain an acceptable standard of living. Eligibility should be based upon need without regard to artificial "categorical" requirements, such as age, disabling condition, or absence of a parent from the home. Eligibility requirements should be structured to assure accessibility and movement among programs as individual or family needs vary and should be supportive of and encourage personal and family achievement. Program administrative requirements should be kept at the minimum necessary to assure program and fiscal accountability and should not present a barrier to service accessibility.

   a. The current welfare "system" should be restructured through concerted, comprehensive, coordinated review and corrective action, at both the federal and state levels, with mechanisms for effective public input at all levels.

   b. "Welfare reform" should include 1) federal requirements for uniformity of levels of assistance payments nation wide, taking into consideration variations in the cost of living, establishing a "floor" below which a State's level of assistance may not fall. 2) Needy two parent families when one or both parents are unemployed should be eligible for assistance including federal funding.

3. In the reform of the tax structure, more adequate tax credit for child care and homemaker service should be given. Tax laws should not discriminate against two income married couples.

4. The responsibility for supporting families in their child-rearing roles is shared by government, business, and unions, as is the benefit received from people able to function with a sense of well-being. Therefore, measures which alleviate stress on employed parents and assist them to care for their children should be considered. Employers should be encouraged and local, state and federal governments should provide both leadership and example in developing the following types of programs:

   a) Flexible working schedules which take into account family needs
   b) Part time positions or positions that are jointly shared by individuals who each work part time
   c) Equal benefits on a pro-rated basis for part-time employees, including job security and equal wages for equal work.

B. MEDIA

Radio and television have become a part of American Family life and activities. The TV may act as a baby-sitter while parents are doing household tasks. Television influences the quality of family life, the range of family activities and the development of attitudes and opinions. This is particularly true for children today, many of whom, before they reach age eighteen, will have spent more time watching TV than they have spent in school.

A 1972 staff report from the Federal Communications Commission[1] pointed out that Congress could greatly assist the effort to improve children's programming by recognizing that the present system of funding public broadcasting places children's programs at a disadvantage. Current law precludes advertising from being inserted by advertiser-supported stations into programming funded by the Office of Education under Emergency School Aid Act. This drastically alters the profitability of airing those programs and increases the likelihood that they will not be shown.

While constructive and realistic television programs should be encouraged and supported, it is neither possible nor advisable to impose censorship as a means for ensuring this result. However, deregulation of radio would increase the negative impact of the media on the family.

The Catholic National Educational Association has pointed out that radio airwaves are a limited resource.[2] As such, they are owned by the public. Broadcasters use this public resource as trustees, charged with the responsible use of the broadcast airwaves in the interest of the public owners. The Federal Communications Commission is the public's agent, monitoring the use of the electromagnetic spectrum and ensuring that the broadcaster uses this limited natural resource in the interest, convenience, and necessity of the public.

These principles are embodied in fifty-five years of communications law. The FCC has proposed to abandon these principles and let the marketplace be the regulator. The FCC proposal to deregulate radio eliminates any requirement for programming for the poor, the elderly and minorities. Radio advertisers (thus radio station owners) make the most money by appealing to white, middleclass, young adult and middle aged audiences. It would also allow unlimited commercials. At present, the FCC limits radio commercials to fifteen

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[1] Television Programming For Children, Federal Communications Commission Task Force Report, Washington, D.C., Oct. 79, p. 72.

[2] Myers, Rev. John F. correspondence to principals National Catholic Educational Association, Washington, D.C.

to eighteen minutes an hour. There would also be no requirement to broadcast news or public affairs and community affairs programming.

RECOMMENDATIONS

1. The teaching of critical viewing skills should be made a part of an on-going program of family life education from kindergarten through twelfth grade.

2. Adult groups should continue to support the reduction of violent television programs, and excessive and distorted sexuality in TV programming and advertising. Adult groups should work for the continued regulation of TV programs.

3. The Federal Communications Commission should not be allowed to deregulate radio or television.

4. Congress should alter the funding structure for the Public Broadcasting Corporation by earmarking funds for children's programming, by allocating additional matching funds to public broadcasting service stations that air children's programs, and by permitting viewers to earmark station donations for children's programs.

5. Mandatory programming regulations should require all television licensees to air 5 hours of preschool educational/instructional programming on weekdays between the hours of 8 am and 8 pm and 2½ hours of educational/instructional programming on weekdays for school age children between the hours of 8 am and 8 pm.

6. Educational television programs designed for children ought to be available for commercial sponsorship on private networks.

7. A clear distinction both auditorally and visually should be made between programs and advertising in TV.

8. The Federal Communications Commission and the Federal Trade Commission should use discretion in approval of TV advertising of potentially detrimental products primarily consumed or used by children. For example, products injurious to health and safety.

C. PEERS

Peers should be recognized as a source of support as well as an occasional problem for families. Peer youth groups such as scouts, 4H, and religious groups

can be a positive force for youth. The development of youth groups should be encouraged because peer group resources in many neighborhoods are inadequate.

An example of the positive influence of peers is the involvement of youth in programs to help terminate the excessive use of alcohol and drugs. Teens can often relate to other teens much easier than they can to an adult, who may appear as an authoritarian figure to the troubled person. Teenagers who have recovered from the use of alcohol or drugs can truly understand the agony of a peer who has pressures from his/her parents, teachers, and peers.

RECOMMENDATIONS

1. More leadership, paid and voluntary, must be available for youth groups.

2. Youth group support systems which are neighborhood-based but which offer opportunities for wider participation and expansion, involvement, and recognition should be developed in cities and in rural areas.

3. Public facilities and parks should be generally available to youth groups.

4. Youth who have received help with drug abuse and alcohol problems should play a key role in drug and alcohol programs.

D. HOUSING

Housing is an important force outside of the family. Housing choices determine friendships, neighbors, transportation, employment and recreation. The amount of income required to acquire housing has increased. The Department of Housing and Urban Development indicates that in 1976 80% of Americans acquired housing for one quarter of their income or less.[1] In 1977 49% of households living in unsubsidized rental housing spent one quarter of their income or more on rent and almost 18% spent 50% or more. In Illinois, the Illinois Department of Commerce and Community Affairs has found that significant problems exist in the housing stock of Illinois. The Task Force on the Future of Illinois revealed this data and came to the following conclusions.[2]

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[1]Announcing Housing Our Families, U.S. Department of Housing and Urban Development, Washington, D.C.

[2]Illinois: The Future, Final Report - 1980, Task Force on the Future of Illinois, 1980, p. 71.

1. As of January 1979, 25% of Chicago's housing units were dilapidated or in need of repair. The percentage of deteriorating housing units is even higher in East St. Louis, where in 1975 only 18% of all units could be considered standard.

2. In 1970, Illinois identified over 1 million households, a third of those in the state, as ill-housed.

3. Between 1970 and 1975, household income increased by about 36% while the average sales price of a home increased over 100% in some areas, and rents, on an average, increased 55%. It is clear that many families are being priced out of the market. One Chicago market analyst recently observed that all family households with incomes below $22,000 face severe limitations purchasing housing in today's market.[1]

Additional problems of housing include: availability of housing types to meet family needs, racial and economic discrimination, disinvestment of central cities and relocation of industry in suburban areas, and the problem of available finances for remodeling and rehabilitation.

RECOMMENDATIONS

The Task Force on the Future of Illinois made the first two of the following recommendations which should be considered by those attempting to improve family housing.[2]

1. Illinois should develop a statewide model rehabilitation code which facilitates low-cost rehabilitation consistent with standards of health and safety.

2. Incentives for reinvestment in the central cities should include: (1) a state mortgage purchase program such as a reinstated Illinois Housing Development Authority loan-to-lenders program; (2) a home-improvement loan purchase program with an interest rate subsidy; (3) more Illinois Housing Development Authority financing under its existing program for small-scale - 5 to 20 units - rehabilitation projects proposed by not-for-profit community-based

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[1] Illinois: The Future, Final Report - 1980, Task Force on the Future of Illinois, 1980, p. 71.

[2] Ibid, p. 91 and 92.

development corporations; (4) targeting of subsidized family housing to communities undergoing displacement of these groups due to revitalization; and (5) assistance to community development corporations engaged in housing rehabilitation and development in distressed neighborhoods of cities and towns. This could include loans and grants for predevelopment expenses, grants for operating expenses of buildings, grants to reduce the cost of construction, direct technical assistance, and grants for technical assistance.

3. The constitutional right of children not to be discriminated against in housing should be enforced. For example, landlords should not be allowed to specify "no children".

4. Services should be available to help families locate housing or to redress grievances when experiencing landlord tenant problems. These services could be provided by Community Action Agencies, the Department of Housing and Urban Development, cities or counties. Cities could maintain available lists of housing for families.

5. Schools should emphasize training and education in the acquisition, maintenance and rehabilitation of housing and the economic and social dimensions of housing since students are prospective consumers.

III. THE NEED FOR FAMILY SUPPORTIVE SERVICES[1]

Generally parents are accorded the right to rear children according to their own beliefs and values. Certain conditions affecting a parent, a child or the community in which they live may require preventive, supportive or protective services to assure the continuation or the health and safety of the family's members. These conditions include problems arising from an urban culture, modified patterns of family life, teenage mothers, rising divorce rates, increased expectations that children will be accorded rights that were formerly denied them and violence in marriage, particularly among couples with inadequate means and dependent children.

Many "normal" events in the course of family life can become problems which create stress and demand an extraordinary output of physical or emotional energy on the part of one or more family members. Whether these events produce growth or generate more serious problems depends on the extent of available outside resources and opportunities, as well as the capacities of family members.

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[1]This section of the report draws heavily from the State of the Art Paper entitled, "Supporting Families in Their Role of Nurturing Children", prepared by Lela B. Costin for the 1980 Illinois White House Conference on Children.

Hazardous life events which may produce such stress include job changes which require moving to a new community, early marriage and childbirth especially combined with insufficient education, a long season of contagious and confining illnesses among young children in a family without outside help, the death of a child, learning of an unwanted pregnancy, the birth of a handicapped child, or the death of a parent's own mother or father, the youngest child entering school, the oldest child leaving home, a mother entering the labor market, or the addition of a grandparent or other relative into the household.

Many children are denied constructive experiences and opportunities because of constraints on parental capabilities. For many parents the overriding problem is poverty and all its accompaniments - including poor health, low educational levels, mental deficiency or mental or physical illness of parents, all of which may sharply limit their capacity to care for their children. Marital conflict may threaten family unity or endanger a child's emotional balance. At all socioeconomic levels a parent may steal or lie, have destructive attitudes that affect success in employment, be addicted to drugs or alcohol, or be sexually exploitive or aggressively hostile. Many persons have been poorly prepared for parental responsibilities and show family management problems; for example, inability to handle income efficiently, obtain and keep appropriate housing, organize and execute housekeeping tasks, get children to school regularly and on time, or protect them from health hazards and supervise them. Parents who require aid in coping with problems or pressures that threaten family unity and the well-being of individual family members should be able to attain it.

RECOMMENDATIONS

1. The Department of Children and Family Services should expand its role in assuring homemaker/caretaker services on a statewide basis and in providing family support in emergencies and respite care for parents.

2. Day care should be one alternative to full-time foster care.

3. Social services to victims of domestic violence are developing under private and public auspices but remain inadequate to meet private and public needs. Emergency shelters for abused spouses and children and counseling services for the victims and abusers are necessary for family reconciliation. Statewide needs should be assessed and appropriate services should be developed and funded.

4. Unprotected families should be insured against the effect of unforeseen calamities such as catastrophic illnesses or injuries for which large out-of-pocket medical expenses are incurred. The promise of catastrophic health expense assistance at the state or federal level should be fulfilled to help families avoid destitution, welfare dependency and the ill effects which this type of economic hardship may cause.

5. Program needs for child welfare and family support services in Illinois exceed the current limits of federal funding sources. Increased dependence upon federal financial participation may severely restrict the development of essential services. Without major increments in the federal "ceiling" for Title XX of the Social Security Act, Illinois should reassess current budgetary practices that make service development and expansion a direct function of Title XX eligibility. Alternative strategies and funding sources for the establishment and maintenance of new programs should be developed.

6. Adequate monitoring systems should be established to ensure that mandated special education and services for individuals who are disabled and children who are handicapped are delivered in accordance with existing federal legislation.

7. Illinois should be required to publish an annual and updated Directory of Services indicating services available for handicapped individuals and/or developmentally disabled, family health and welfare services, and counseling services by public and voluntary health organizations, etc.

8. Respite care and short term supervision should be available for children who are handicapped or developmentally disabled from state and/or voluntary agencies to relieve parent or families assuming care of these children in the home situation. Similar respite care should be considered for relief of working parents who cannot afford other care in crises situations with a child or children.

9. Family support centers should be developed and supported where services do not exist or where existing agencies cannot pool their resources. Family support centers should provide counseling, peer support, education in home maintenance,and parenting, day care, financial assistance and resource information and referral. Community groups could also meet there.

10. The development of self-help counseling groups should be supported.

11. In order to best serve children and families, there needs to be a network for cross referral and cooperation between county based agencies. This would help deliver services to rural areas where there are fewer agencies. This would help maintain assistance to children and families when they have multiple needs or change residence.

12. Existing services in the rural areas should be financially supported in greater proportion to the case load they handle.

IV. SUPPLEMENTAL CHILD CARE

Child Care is an important part of the family support system; its availability is crucial to the well-being of children and of fundamental importance in attempts to cope with problems such as child abuse and teen-age parents. It is also a basic necessity for promoting the economic well-being and independence of families, which in turn, is a prime contributor to the overall "health" of families.

Supplemental child care refers to the supervised care of children away from their homes, for part or all of a day, when parents or guardians wish to or are obliged to delegate responsibility for such care. Care may be provided in a group (center) or home setting. Such care should provide children with protection and meet their developmental needs--social, emotional, physical and intellectual.

Child care which provides protection and meets developmental needs is especially important for preschoolers. Research has demonstrated the importance of the early years of a child's life for later development. Financial commitment for child care at various levels does not reflect the importance of these years. At this time such financial commitment is inadequate and inconsistent with the importance of early childhood.

Not only preschool children need adequate provision for their care and development; children who go to school still need protection, supervision, guidance and constructive developmental experiences before and after school hours, on Saturday and during school vacations. Parents who are unable to supply these because of employment or other responsibilities must have resources to meet these needs. An adequate amount of care and constructive recreation for school age children is not available.

The need for child care has steadily increased in recent years. The number of preschool children with working mothers was a third of the total 17.1 million preschoolers by 1977. That number is expected to rise to 10.5 million by 1990 when it will comprise nearly half of the

entire population of those six and under.[1] According to the U.S. Bureau of Census, the traditional American family in which the father is the breadwinner and the mother stays at home with the children comprises only 13 percent of all households today. The proportion of working mothers in the rapidly growing number of single-parent families is much higher than the proportion in two-parent families. Almost three-fourths of single parents with children aged six through fourteen, and well over half of those with children under six years, are employed. Over 80 percent of these single parents are employed full-time.[2]

According to figures quoted in the Chicago Tribune, the Illinois Department of Children and Family Services lists 2,097 day care centers in Illinois, licensed for 93,585 children. There are an additional 6,059 day care homes in the state licensed for another 28,782 children. In the city of Chicago alone there are almost 300,000 children between infancy and 14 whose mothers work outside the home. At least 1 0,000 of them belong to one-parent families. Thus, if all the licensed day care homes and day care centers throughout Illinois were placed entirely within Chicago, they would accommodate only one-third of those whose mothers work. The Tribune also quoted day care center personnel on the subject of waiting lists. One group of centers has waiting lists ranging from 60 to 100 percent of enrollment.[3]

In the face of this overwhelming need, the United States has no national policy or program for child care, rather it has a multitude of programs. Some herald this diversity as particularly appropriate for the U.S.; others charge it as inefficient and costly and leaving some of those in greatest need without child care. Indeed, the United States provides far less in child care services and other child support benefits than France, Sweden, East and West Germany and Hungary.

The demand for child care and the paucity of supply may be in conflict with quality of child care. Quality child care should: reflect the cultural diversity common in the State and the nation; involve parents in its design and implementation; provide adequate salaries; and provide a well rounded, developmental program.

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[1]Saikowski, Charlotte, Working Parents--Who Cares for the Kids, 2nd of a 4 part series, A Time For Families, The Christian Science Monitor, Boston, July, 1980.

[2]Toward a National Policy for Children and Families, National Academy of Sciences, National Research Council, Assembly of Behavioral and Social Sciences, Advisory Committee on Child Development, 1976, pp. 15-16.

[3]Chicago Tribune, February 24, 1980.

Existing day care programs differ widely. The poorest ones are only custodial, with little to offer the child except safeguards from obvious physical hazard. The best ones are well-supported and well-staffed, with highly developed programs. The largest number are in between and show partial success in offering a well-rounded program for children's care and development. The majority of day care facilities are under proprietary (or commercial) auspices. A study by the National Council of Jewish Women documented the generally unsatisfactory level of day care, particularly in licensed proprietary facilities.[1]

Licensing is one effort made by government to encourage "quality" care. While licensing alone is insufficient to achieve this objective, it is a necessary part of any overall effort. Moreover, at its best it assures that safety hazards are avoided and safety precautions taken. While necessary for all types of care, licensing of caregiving homes is especially important because they are likely to encounter less in the way of informal public oversight than larger caregiving establishments. Frequently and unfortunately, however, the requirement that homes be licensed is not widely known by the public or those providing care. Better day care licensing and regulation was identified as a need by six of the eight regional committees of the Illinois White House Conference on Children.

An adequate licensing effort requires sufficient staff, training in child development, proper training, follow-up activities and enforcement. Technical assistance to help caregivers come into compliance is also an appropriate service. Licensing should be seen as a minimum component in an overall effort to achieve quality care for children. To this end it should be continued and improved. Wide publicity, through such means as public service announcements, should be given to the requirements concerning licensing of caregiving homes.

In Illinois it is frequently asserted that shared and overlapping responsibilities from the state level to that of service delivery result in confusion, duplication and lack of accountability. Publicly funded day care in Illinois is provided by three state agencies: the Department of Children and Family Services; the Department of Public Aid and the State Board of Education. The Department of Mental Health and Developmental Disabilities provides closely related services to similar populations. In some cases several state agencies provide the same services to the same or similar populations. For example: the State Board of Education provides day care for children of public

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[1]Keyserling, Mary Dublin, Windows on Day Care, National Council of Jewish Women, New York, 1972.

assistance recipients who are enrolled in adult education centers; the Department of Public Aid provides (in addition to other services) day care for children of public assistance recipients who are enrolled in adult training programs; and the Department of Children and Family Services purchases day care for children whose parents are employed but earn less than 80% of the state's median income. The federal government also provides funds directly to Head-start programs in local communities. Each of these agencies has its own mandate, goals and objectives and eligibility requirements.

By law the Department of Children and Family Services is responsible for coordinating day care activities, developing a state plan for day care services and submitting an annual report on day care activities. Its ability to coordinate is severely limited by confusing and overlapping agency roles and responsibilities, lack of authority and dissimilar methods of data collection and needs assessment on the part of various agencies. A continuum of services within individual agencies and/or across agency lines is lacking.

It is seldom recognized and less often reflected in policy that child care is not exclusively a woman's, poor people's or governmental issue. Creativity in supporting adequate child care is preferred to succumbing to the too easy appeal of simplistic solutions (e.g. more government dollars on the one hand or every mother at home on the other). Such creativity should provide options to parents in terms of care. Among these options should be the right to remain at home and care for a child regardless of economic circumstances.

RECOMMENDATIONS[1]

1. More state and federal funds should be used to increase available care for infant, preschool age and school age children. Particular attention should be given to special needs populations such as the following: children who have been physically and sexually abused; children who are emotionally disturbed; children who are handicapped.

2. The private sector, labor unions, and business and industry should be encouraged to meet the growing need for child care. Such programs should provide high quality care that meets the developmental needs of children. Labor unions should be encouraged to make quality child care for their members an item for negotiation. More attractive tax incentives should be offered to businesses for the provision of child care for their employees.

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[1]Many of the concepts in the recommendations were developed and appear in the Report of the International Year of the Child, 1979, State of Illinois, p. 20 and 21.

3. Sick leave benefits should include provision for staying at home with children who are ill.

4. The cost of child care should be borne by parents assisted, where necessary, by employers, government and the local community. Funding for child care should increase to reflect the importance of a child's early years, the full cost of quality care and adequate salaries for workers. Tax allowances for child care should be on a sliding scale that considers income, number of children in the family, and other extenuating circumstances.

5. Parental payments for care should be on a sliding scale based on ability to pay.

6. An adequate comprehensive child care program should be combined with a cash benefit program on the premise that society values children and that wages may not be adequate for family support. Such a program would insure that adequate care and freedom of choice do not become the province of the middle or upper economic classes.

7. State policy and planning for day care should reside with a central agency given the necessary resources to discharge this responsibility. Specifically, the responsible agency should be adequately staffed and have the necessary authority to act. Centralized responsibility should be accompanied by accountability provisions.

8. The Department of Children and Family Services should provide information to parents about care options. This would include information concerning the extent and variety of services and the results of licensing studies. Funds should be appropriated to assure this is accomplished.

   Lists of available child care services should be developed to assist parents as they choose the day or night care necessary for their child. These lists or directories, could be developed with the help of volunteer organizations, such as a Junior League, the League of Women Voters, and the PTA. These lists should be available through the licensing agency and in libraries. Libraries should also provide information on criteria that parents can use in choosing a quality day care center.

9. The licensing of all forms of day care should be continued and improved. Pre-service and in-service training (dealing with skills and theory) should be provided for licensing staff. Licensing should be combined with

adequate technical assistance for child care centers and homes, including sample educational curricula for day care centers that wish to use them. Adequate staff appropriately trained and supervised should be provided to assure that licensing standards are applied in a vigorous, uniform and continuous manner.

10. In establishing standards for day care, the Department of Children and Family Services should be required to seek the advice and assistance of consumers as well as the assistance of persons representative of child care facilities and professionals in child development.

11. In conducting licensing and re-licensing evaluations, the Department of Children and Family Services should be required to solicit comments from consumers served by the facility concerning its care of children.

12. Wide publicity, through such means as public service announcements, should be given to the requirement that day care homes be licensed.

13. To ensure that high quality day care is an effective component of family support systems, a public education program needs to be developed that:

    a) emphasizes that day care is not limited to poverty populations but should be available to all parents;

    b) stresses the need for more financial support for day care programs specifically allocated to staff salaries as low personnel qualifications are a major detriment of high quality care;

    c) informs the public as to the actual cost of high quality care; and

    d) stresses the value of nurturing inside and outside the home.

14. The restriction which limits the number of children in a night care facility to 20 should be reviewed.

15. Since child care needs do not diminish when children begin attending school, means should be sought to increase after-school care options, including using empty school buildings for day care services during non-school hours.

16. The Legislature should amend the law governing the fire marshal to establish a fire safety code specifically for day and night care centers and the legislature should review the law governing the state fire marshal with respect to its compatibility to day and night care licensing.

V. CHILDREN IN NEED OF PROTECTION

The child who is loved and respected as an individual in his own right develops a basic sense of security and trust and a positive self-image. Unfortunately, a substantial number of parents in our society not only fail to provide adequate care for their children; they actually subject their children to cruel and brutal treatment. Hundreds of victims die each year from abusive treatment, many others are paralyzed, physically deformed, or rendered mentally retarded by their injuries.

Child abuse and neglect include the areas of physical abuse, sexual abuse, nutritional deprivation, intentional drugging or poisoning, and emotional abuse. Child neglect and abuse are related and elements of each are often present in a situation requiring protective services. Most authorities agree that the prevalence of abuse and neglect is significantly greater than it appears from quoted estimates.

Frequencies of Children Reported[1] as Abused or Neglected

	1977		1978		1979		1980 (Estimated)		1981 (Projected)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Abuse	4,658	51	6,212	46	9,557	39	13,600	34	19,450	26
Neglect	4,295	47	6,925	51	14,444	58	26,000	65	55,790	73
Undetermined	230	2	316	3	806	3	400	1	670	1
TOTAL	9,183	100	13,453	100	24,807	100	40,000	100	76,000	100

Child abuse also involves non-family members who are not parents but are baby sitters, boy friends and others. Using a statistical model for revising existing estimates of abuse and neglect, Light concluded that "approximately one child in every hundred in America is physically abused, sexually molested, or severely neglected".[2] It is generally agreed that the incidence of child neglect surpasses that of child abuse.

National and state efforts have recently focused on identifying child abuse and neglect. However, a high priority should be placed on treating child abuse. Simply identifying that child abuse is occurring does not stop it.

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[1]Department of Children and Family Services, 1981 Plan Phase I, Human Services Data Report, IL Human Services Plan, April, 1980, p. 36.

[2]Light, Richard J. "Abused and Neglected Children in America: A Study of Alternative Policies," Harvard Educational Review, vol. 43 (November 1973), p. 567.

RECOMMENDATIONS

1. Parents and caretakers who have concerns about parenting skills should have access to education and counseling.

2. Multidisciplinary teams are needed to evaluate child abuse cases and coordinate the numerous community agencies. These teams could include a social worker, a physician, a protective agency social worker, a psychiatrist or psychologist, a developmental specialist, a lawyer and others.

3. The various disciplines represented on the team should be educated in the investigation of allergy to foods and other metabolic disorders (e.g. hypoglycemia, alcoholism) and should implement this knowledge in evaluating child abuse cases. This investigation and initiation of treatment should be mandatory.

4. The resources of the Department of Children and Family Services should be proportionately allocated for treatment of abuse as the department resources to investigate abuse and neglect increases. Reasonable staffing goals for protective services and child welfare caseloads should be prescribed and maintained.

5. Rehabilitative services should be offered in order to keep the child in his or her own home as provided in the Adoption Assistance and Child Welfare Act.

6. The Department of Children and Family Services and other organizations should incorporate the responsibility to initiate parenthood education which helps to prevent child abuse.

VI. PERMANENCY PLANNING

Since the 1970 White House Conference on Children and Youth there has been considerable emphasis in Illinois on permanent planning for dependent, abused, and neglected children. The major means to achieve a permanent plan for each child has been active promotion of termination of parental rights where appropriate and the implementation of plans for adoption.

A parallel route to a permanent stable home involves more intensive and adequate efforts to serve children in their own homes. In many instances this course of action is more effective and less costly than substitute care. Supporting and strengthening parents may help them to resume responsibility for their children. While the preferred case is to have a child within his parents' home, the best interest of the child may be to remove the child.

Various forms of foster care have been society's substitute provision for children who cannot live with their own families. General dissatisfaction with the present state of foster care is common. The problems of children who enter care are critical, giving a new urgency to the need for an improvement in the planning and delivery of foster care services.[1]

The enactment of HR 3434 (PL 96-272), the federal Adoption Assistance and Child Welfare Act of 1980, on June 17, 1980, should provide a stimulus for the development and expansion of family supportive services including: adoption and foster care assistance; improved monitoring and accountability of substitute care programs; and expansion of child day care. The Illinois Department of Children and Family Services has issued its Human Services Plan for 1980 entitled "Planned Permanency for Children" and will implement related reforms in fiscal year 1981. Major legislation, to improve adoption services, strengthen day care, and rewrite the Child Care Act is scheduled by the Department for introduction and consideration by the 82nd General Assembly. Each of these initiatives should be monitored closely.

The publication of Children in Need of Parents - Maas and Engler's study of foster care practices in nine communities marshalled concern about the plight of children in large numbers who are in danger of staying in foster care throughout their childhood years. Decreasing the numbers of these "orphans of the living" was a challenge recognized throughout child welfare practice. Yet 20 years later, despite some gains, the central problems are still prevalent.[2]

Studies in a number of placement agencies show large proportions of children who remain in foster care for extended periods. In addition, during the period of foster care many of these children lack continuity of environment and relationships because of transfers between agencies, transfers within an agency or return to foster care after having been discharged.

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[1]The remainder of this section draws heavily from the State of the Art Paper entitled, "Supporting Families in Their Role of Nurturing Children", prepared by Lela B. Costin for the 1980 Illinois White House Conference on Children.

[2]Maas, Henry S. and Engler, Richard E., Children in Need of Parents, Columbia University Press, New York, 1959.

Distribution of DCFS Children in Substitute Care [1]

As of December 31, 1979

	Child Cases in Foster Care	Child Cases in Group Homes	Child Cases in Institutions	Total in Substitute Care	Percent of Total
Rockford	427	15	77	519	4.4
Peoria	441	18	176	635	5.5
Aurora	619	20	156	795	6.8
Chicago	5,648	354	1,582	7,584	65.2
Springfield	330	4	71	405	3.5
Champaign	584	25	132	741	6.4
East St. Louis	421	8	96	525	4.5
Marion	309	18	109	436	3.7
TOTAL	8,779	462	2,399	11,640	100.0

Longevity of Children in Substitute Care * [2]

As of December 31, 1979
By Region

	Average Time in All Substitute Care			Average Time in DCFS System		
Region	Years	Months	Days	Years	Months	Days
Rockford	2	4	13	3	1	7
Peoria	2	5	22	2	11	5
Aurora	2	9	0	3	9	26
Chicago	3	9	5	4	4	30
Springfield	2	9	0	3	10	29
Champaign	2	3	5	2	10	29
East St. Louis	2	5	28	3	4	21
Marion	2	3	26	3	5	10
TOTAL	3	5	7	4	4	26

*Foster Homes, Group Homes and Institutions

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[1]Department of Children and Family Services, 1981 Plan Phase I, Human Services Data Report, IL Human Services Plan, April, 1980, p. 64

[2]Ibid, p. 66

Consummated Adoptions[1]

Fiscal Year	1975	1976	1977	1978	1979	Estimated 1980
Cook County	458	478	259	165	207	209
Downstate	562	551	503	393	264	271
TOTAL	1,020	1,029	762	558	471	480
Subsidized (Hard-to-Place)	410	500	370	227	212	223
Non-subsidized	610	529	392	331	259	257
TOTAL	1,020	1,029	762	558	471	480

Dissatisfaction with the foster care system has increased with awareness of the numbers of children placed away from home who could have remained at home if supportive social services had been provided to their parents and of the many children who enter the system and become caught in inappropriate foster care arrangements. This dissatisfaction has led to a search for ways to reduce the need for out-of-home care and prevent its recurrence through planned approaches to working with the parents of children already in foster care or those who have children likely to come into care.

Contracts are a tool to encourage parental participation in planning and decision making and as a means to prevent or interrupt drift in foster care. Contracts are written documents that specify particular agreements between the social worker and the parent. They provide a focus for services by explicating long-range goals for children's problems that require remedies, the treatment method to be used, alternative consequences of parental participation and time limits for accomplishing goals. Contracts provide parents with a clear direction as to what must be done in order to move toward the return of their children.

Another strategy used increasingly in an attempt to free children from foster care is that of periodic court review. The purpose of the review is to determine whether children should be returned to their biological parents, continued in foster care, freed for adoptive placement, or placed in an adoptive home. Prior to the review, all parties to the foster care situation are notified by the court of the impending review.

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[1]Department of Children and Family Services, 1981 Plan Phase I, Human Services Data Report, IL Human Services Plan, April, 1980, p. 85

RECOMMENDATIONS

1. The Department of Children and Family Services should purchase care and services only from agencies that offer supportive services to children in their own homes as well as substitute care services in order to shift the emphasis from placement services to remedial efforts with the natural family. This recommendation should become effective by 1983 to permit a period of joint planning and the necessary restaffing of the agencies affected. Where the Department of Children and Family Services provides funding for care and services under other public and private agencies, it should require, in applicable standards governing such reimbursement, that supportive services and substitute care are offered under each child's permanency plan.

2. Better information and tracking systems are needed to protect court wards including a reliable evaluation process.

3. Additional reviews of children in foster care are necessary by the Department of Children and Family Services and by the courts through citizen foster care review boards.

4. Legislative changes should be made in the criteria for termination of parental rights. For example, termination could be based on lack of parental contact over a specific period of time while the child is in foster care.

5. No child should be placed in an institution or foster home without a specific date set for a court review of the child and family situation and agency efforts to rehabilitate the family or improve on the placement towards a long range goal.

6. Where public funds are involved, contracts should be mandatory between parents and agencies in order to clarify mutual expectations.

7. Every effort should be made to help the child at home by offering rehabilitation services to the family and making full use of community resources designed to supplement the care of the child. An ongoing, annual review of children in foster care and of their natural families must be made by service agencies to ascertain the need for continued foster care or for freeing the child for adoption.

8. Cooperation between Department of Mental Health and Developmental Disabilities and Department of Children and Family Services should be increased to provide foster care and adoptive services to children who are developmentally and/or emotionally disturbed.

9. Court personnel should offer mediation and conciliation services to families that are contemplating separation or divorce.

10. Courts in divorce and separation cases should authorize and utilize social investigation where questions of the custody of children arise.

11. Child support laws should be effectively enforced to insure the child's well being.

VII. ADOLESCENT SEXUALITY AND TEEN PARENTING

The early teen years are a period when youngsters are especially vulnerable to sexually oriented advertising and peer pressure. Families and the broader society through its religious institutions, schools and social organizations have a responsibility to help youngsters to find their way through a thicket of information and conflicting values.

Sex education and the meaning of intimacy between people needs to be presented in an integrated and meaningful context that helps youth see the biological, social, cultural, psychological, economic and political implications of their actions with regard to sexual matters. Only when sex education is broadened to include an understanding of an individual's responsibility in child-bearing and child-rearing; and only when it relates to the issues of self-awareness, pride, self-control, responsibility, morality, and a sense of the meaning of love can we expect to succeed in reducing adolescent pregnancies. The possibility and the benefits of premarital sexual abstinence should be pointed out and encouraged.

Adolescent pregnancy is disruptive to the young people involved and to their families. Without condoning such pregnancies, community support systems need to be available to help those involved because of their own critical needs and to assure that the babies that result do not become the victims of their parents actions.

Over a million teenagers in the U.S become pregnant each year, including 30,000 14 years of age or younger. One-fifth of the nation's births are to females who are still in their teens. The increasingly early age of sexual activity and the growing incidence of adolescent pregnancy and parenthood are a major focus of concern. In Illinois the Conference of Women Legislators and other groups have made it a priority.

"Almost all sexual activity for teenage women is premarital. Probability sample surveys indicate that 20 percent of U.S women have had intercourse prior to age sixteen. By age nineteen, sixty-seven percent will have had intercourse. Of this group of sexually experienced teenagers, 25 percent will become pregnant prior to age nineteen. Eighty percent of this group will be unmarried. As shown in the historical data, black teenagers are more likely to become pregnant although the number of white teenagers who conceive premaritally is increasing."[1]

Each year in the U.S. one-tenth of the teenage girls between 15 and 19 years become pregnant. The most recent figures establish that annually over 600,000 teenage girls in the U.S. become parents. Approximately 94% keep their children. Teenage parenthood, even when shared with a father, presents obstacles to the attainment of normal, productive adulthood that are usually overwhelming.

The financial, medical, educational and social implications of pregnancy/parenthood at an early age are far-reaching and profound for the adolescents, their children, their families and their communities and may influence generations to come. The medical risks to both mothers and babies are greatly increased, yet the teenage mother is less likely to obtain medical care. Infant mortality rates for mothers under 20 years of age and for those over 34 is significantly higher than for other age groups.[2] Educational and vocational plans are likely to be disrupted for teenage parents. Statistics show that teen mothers face a greater risk of unemployment and of welfare dependency. Decisions made as a result of teenage pregnancy may affect a teen's socio-economic status for life.

Comprehensive services for adolescents who are pregnant or parents include the following components:

a. Pregnancy testing and follow-up services;
b. Adequate and available medical services including: obstetrical care (medical and hospital), pediatric care, VD testing and treatment, dental care, and family planning;
c. Financial assistance, if needed, to insure adequate medical services, living situation, diet, and maternity clothing.

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[1]Illinois Department of Public Aid, Illegitimacy: A Preliminary Analysis of the Relationship of Birth Status and Public Assistance Programs, Illinois Human Services Plan, Vol. 2, July, 1980, p. 5.

[2]Illinois Department of Public Health, 1981 Human Services Plan, Phase I, April 1980, p. 87.

d. Educational and/or vocational services, including counseling and advocacy for both teen parents;
e. Parenting and prenatal education;
f. Counseling including focus on decision-making skills, independent living skills, planning for the baby, involvement of fathers, involvement of families, interpersonal, social and emotional problems;
g. Adoption services;
h. Day care services;
i. Advocacy and referral to appropriate community resources, including transportation;
j. Follow-up services post delivery for parents and children, e.g., public health; and
k. Employment and vocational training.

All adolescents have a need and right to understand their choices in life in regard to becoming parents and to be prepared for parenting. A significant group (11 million) of adolescents who are already sexually active, is at high risk for unwanted pregnancy and parenthood for which they are not prepared.

RECOMMENDATIONS

1. Preparation for family life should be incorporated into the educational system at all levels. It should include such topics as sex education, family planning, family relationships, child development and parenting skill. The continuum of learning experiences should be appropriate to the age and developmental level of the student.

   Recognizing that families and religious institutions should play a significant role in the preparation of children and youth for family life, the educational system should provide opportunity for input from parents and community organizations in the development of the educational program. Furthermore, the educational system should provide support and reinforcement to parents and religious groups in their education efforts. For example, the educational system might provide training directly to parents or furnish them with educational materials for their use in instructing their children.

2. Since teenage pregnancy carries with it high health risks for both mother and child, a continuum of pre- and post-natal health and medical services should be accessible to all pregnant teenagers. Additionally, an outreach program to insure the use of the services by all pregnant teenagers should be developed. Providers of such services should seek to obtain the teenagers' consent to notice and involvement of their parents in counseling and treatment relating to a pregnancy.

3. A comprehensive range of service resources (educational, health, social, financial and vocational training) which provides a continuum of appropriate and coordinated support services for teenage parents of both sexes should be provided until independence is attained. It is recognized that no one agency can provide this so it is essential that coordination be assured in both planning and delivery. Additionally, there is a need for outreach and development of new methodologies in reaching and motivating teenage parents toward use of these services.

4. Comprehensive health, education and social services for teenagers, especially those who are pregnant, should be funded and implemented in accordance with the 1978 Adolescent Health Services and Pregnancy Care Act.

5. The Department of Public Health's Task Force on Teenage Parents should look at the causes and consequences of the increase in teenage pregnancy.

6. More information regarding sexuality and parenting should be available to students and parents of the mentally disabled and blind.

EDUCATIONAL SERVICES

Introduction

The State's duty to educate citizens has always been viewed as a primary responsibility in the United States. The early settlers realized that citizens must be educated in order to effectively participate in the government of a democracy. The United States has more of its 15 to 18 year olds enrolled in school than any other country in the world and the reading scores of our 14 year old students are better than those of students from the Netherlands, Sweden, and the United Kingdom.[1]

The Illinois Constitution states "A fundamental goal of the People of the State is the educational development of all persons to the limits of their capabilities." Illinois has had a tradition of excelling in education since 1883 when Illinois required children aged 8 to 14 to attend school for at least 12 weeks each year.[2] However, improvements are still needed in education in Illinois as well as in the nation. News of decreasing test scores and of violence and vandalism in schools is symptomatic that all is not well in America's educational system.

Diagnosing the needs of our school system is not a simple matter. Merely comprehending the full size and scope of the educational establishment in Illinois is a mindboggling task. During the 1979-80 school year, 2,043,239 kindergarten through twelfth grade students attended school at 4,363 attendance centers in the 1,013 school districts forming a statewide education system employing nearly 200,000 full-time equivalent personnel, which was funded by approximately $5 billion in federal, state, and local monies. The sheer size of the organization creates inevitable logistical and communicational problems as the elements of Federal mandate, the ultimate responsibility of State Government, and the traditional role of local autonomy mesh in an effort to administer the educational process.

The effectiveness of the system is being challenged by the nearly unlimited number of expectations placed upon it. Innumerable factions, groups and individuals at the national, state, local and district levels seek to impose their competing and often contradictory sets of expectations upon the educational system. Our schools are expected to provide not only academic knowledge but also to promote psychological well-being, instill morality, act as a vehicle for desegregation, prevent drug abuse, educate

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[1]The American School Board Journal, June, 1980.

[2]Task Force on the Future of Illinois, Illinois: The Future, Final Report, 1980, p. 148.

handicapped students in the least restrictive environment, stimulate gifted students, produce responsible citizens, and more. Achieving all of these different, and often conflicting goals, continues to create new demands on the educational community.

The primary challenge of the 1980's for educators, may be to channel society's expectations on the system into opportunities for greater participation and support by the public. For example, with student populations declining, schools could once again be able to concentrate on the skills needed by students to continue their education to whatever level they wish to choose or are capable of attaining. Redefining these expectations and focusing on those with greatest significance can provide a means to solve the problems described in this report.

Within the context of five comprehensive areas of societal expectations of schools several needs have been identified which are critical to the fulfillment of these expectations. This report focuses on five comprehensive areas of responsibilities that society asks of schools:

I. Provide students with the education necessary to function in society.

II. Provide students with the personal and social skills necessary to function in society.

III. Maintain an academically positive and physically safe environment for learning.

IV. Adequately fulfill special educational needs of students.

V. Act as a positive force in the community.[1]

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[1]Many of the issues raised in this section of the report were drawn from Clinton R. Bunke, et al., "The Changed/Changing Educational Scene: The State of the Art," State of the Art Papers, 1980 Illinois White House Conference on Children, Illinois Commission on Children, April, 1980.

I. PROVIDE STUDENTS WITH THE EDUCATIONAL SKILLS NECESSARY TO FUNCTION IN SOCIETY

The premise upon which all education should be conducted is: ALL students shall be given the opportunity to learn basic arithmetic, and to develop basic communication skills in reading, writing, speaking and the ability to use reference materials. These educational goals must be met within the context of the students' capability to learn, and mature, academically. However, educators, parents, the business community, employers of students, and the general public, are seriously questioning if schools have indeed been providing the maximum opportunity for students' educational growth and how our schools can, or should, be prepared to statistically prove that they have accomplished the task.

> "National and Illinois Scholastic Aptitude Test (SAT) scores significantly declined during the 1970's, particularly in the first half of the decade. Between 1969 and 1979, average SAT verbal scores in Illinois dropped from 489 to 467 and math scores dropped from 518 to 511. However, Illinois SAT scores still remain substantially above the national average of 467 in math and 427 in verbal aptitude in 1979. The decline in Illinois test scores also appears to have been arrested in the last three years. Illinois test scores have improved or remained constant since 1976. Despite these encouraging signs, the State Board of Education points out that some admissions officers at state universities in Illinois feel that entering freshman in recent years 'display a lack of appropriate reading and writing skills.'
>
> "In order to obtain information about educational performance, the State Board of Education developed the Illinois Inventory of Education Progress. 1979 marks the fourth year for the statewide testing of the educational achievement of a selected sample of 4th, 8th, and 11th grade students. The inventory reveals that at these grade levels performance trends in mathematics and reading appear to have improved over the last three years. The only exception was 8th grade reading, for which scores have dropped since 1976. The data further reveal no significant difference in student achievement among geographic regions, communities of various sizes, and different types and sizes of school districts."[1]

Competency and other testing methods:

Many testing methods have been devised over the years that have not equitably measured students knowledge or ability to learn. These tests have not taken into account such

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[1]Task Force on the Future of Illinois

factors as: geographic area, social and economic levels, racial and ethnic backgrounds, and/or English being the students second or adopted language. The reliability of such tests is then questionable and suspect. Improper diagnosis of learning disabled or handicapped students has also hampered testing of such children and affected their educational futures.

Competency testing in various forms has been adopted in 34 states. In Illinois each district was asked to develop their own test. Standardized basic skills or competency testing on a statewide basis, or even in smaller areas such as counties, has raised criticism by groups for the following reasons: in some cases teachers are teaching for the tests so as to make the school district appear to be successful, local control over variables is lost; parental and/or community involvement in the design of the tests has been "token" rather than meaningful; and the final question to be addressed is whether the tests are indeed valueless on their face. Who is being tested - the student, or the teacher's ability to teach to the test?

Social promotions:

Over the years many school districts have yielded to pressure from parents and various educational philosophies, by "socially" promoting students rather than advancing them because they have mastered skills. "Social" promotions have, in some extreme cases, resulted in students reaching high school graduation without the ability to read above the 2nd or 3rd grade level or having little or no mastery of such math basics as simple multiplication tables. The ability to write intelligibly, much less with creativity and style, has been noted as a serious failure in large numbers of students throughout the country.

Remedial programs and activities:

Colleges and universities have estimated expenditures of $90 million in recent years to provide remedial reading and math classes for incoming students. School districts have found it necessary to spend millions to create special curriculum, supplemental materials, and in-service programs for teachers in the teaching of reading. Very few credit hours in the teaching of reading are required of future teachers while in college.

With the advent of television and other media, parents and teachers have relied upon external influences to expose the student to communication skills. Children watch TV from 25 to 50 hours per week. Spoken English thus tends to mimic what is currently fashionable "street" or media

language. Many students remain at the reading level of the daily newspaper, which is written for 5th grade comprehension. Many homes have little or no reading material with which to stimulate a child. Parental examples of pleasure reading are very poor or nonexistent in some homes. Schools are therefore called upon to provide motivation, stimulation and technique for the learning of math, reading, writing, and speaking of socially acceptable English.

Recognizing that each student brings with them inherent academic and social strengths and weaknesses, which can include out-of-school supports, an individualized education program should be designed for each student. If tests are to be profitable for the student and the school system, then the true ability of the student to learn, and progress, must be measured as accurately as possible.

RECOMMENDATIONS

1. Provide in-service programs for parents so that they may enrich or improve their own basic skills in reading and math.

2. Fund after-school tutorial programs.

3. Create and fund volunteer programs to be implemented during the school day to supplement the tutoring of students who need additional help in arithmetic and communication skills.

4. Schools should use a developmental continuum approach with every child.

5. Schools should move toward providing an individualized education plan for each child. Schools now develop IEP's for all children in the special education program; plans for other children would benefit from this existing format. Funding must be provided for costs of changeover.

MINORITY REPORT -- RECOMMENDATION 5

Substitute the following:

Although we stand firmly behind the concept that the future of education lies in a totally individualized education program, we cannot reconcile this idealized proposal with the realistic feasibility of such an implementation within one decade. In order to lend credibility to this report, we opt for a more realistic approach in regards to individualized education plans. We recommend a process of ongoing evaluation of student

progress on the basis of individual capabilities and needs. If deficiencies or problems are found to exist, a comprehensive plan for remediation should be developed for the individual child.

NAME	*COUNTY*
Steve Sakach	*DuPage*
Jan Simmons	*DeWitt*
Mike Dorning	*Champaign*
David J. Wessel	*Cook*
Karen E. Welch	*Madison*
Kathleen Greenholdt	*Sangamon*
Valerie A. Beavers	*Cook*
Lawrence G. Zdarsky	*Cook*
Hugh R. Brown	*Cook*
Bowen H. Tucker	*Cook*
Harriet O'Donnell	*Cook*
Olive Whiting	*Union*

6. Inservice programs should be offered in each school district for professional staff to develop awareness and the skills to use a developmental approach. Regional and state support should be provided when necessary.

7. Trained and skilled support networks should be developed within each school system or cooperative, using current specialists and, when necessary, hiring others.

8. The Illinois State Board of Education should adopt the philosophy of a developmental approach and should emphasize it in The Illinois Program for Evaluation, Supervision, and Recognition of Schools, and in its Annual Priority Plan.

9. The School Problems Commission should, as it reviews mandates, ensure that rules and regulations do not inhibit schools from adopting a developmental approach (for example, mandates which require courses to be taken by students in specific years - perhaps when the students are not receptive to them). The Commission should rather support the developmental approach by giving the schools flexibility.

10. The legislature should help the schools prevent school failure and juvenile delinquency by providing a realistic level of funding for developmental education. (Many children in the juvenile justice system have been found to have learning disabilities.)

11. Professional education associations should promote understanding and support of a developmental approach, both within their own organizations, and to decision-makers, parents and the general public.

12. Schools of education should offer courses and programs in a developmental approach to education for teachers and administrators.

13. Require students to demonstrate proficiency in essay writing, oral reading, and basic computational skills before graduation from elementary and junior high schools. Appropriate methods of skills assessment should be utilized, and the results of such assessments should be evaluated on the basis of each student's capabilities as related to his/her personal needs. Appropriate skills assessments should be required prior to graduation from high school.

14. Recognizing the pervasive influence of television, existing curriculums should incorporate the teaching of critical viewing skills. This effort should include dissemination of information to parents concerning the influence of television and recommendations for discrimination in television viewing.

II. PROVIDE STUDENTS WITH THE PERSONAL AND SOCIAL SKILLS NECESSARY TO FUNCTION IN SOCIETY

Students should be able to adapt themselves and their environment to create a state of physical, mental, social, and moral well-being which is acceptable to them, their families and the community.

American children are healthier today than they have ever been. It seems almost taken for granted that the seemingly miraculous methods of modern medicine have brought this about. We tend to forget that our children's improved health has come more from education, promotion, and prevention in the cause of health than treating disease once it strikes. While the elaborate, technological "pound of cure" is glamorous, it cannot be allowed to dazzle us away from the often more effective "ounce of prevention".

Two axioms exist that seem to describe the reality and importance of well-being. Good health cannot be bought. Bad health costs everyone. Thus, high level well-being and the education necessary to develop it should be the right and responsibility of every child. The Critical Health Problems and Comprehensive Health Education Act was established with this in mind; it defines a Comprehensive Health Education Program in the following manner:

> "The program established hereunder shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this state: human ecology and

health, human growth and development, prevention and control of disease, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol, drug use and abuse, tobacco, nutrition and dental health."[1]

High level wellness is a condition most persons desire to achieve and maintain. This awareness of well-being begins when an individual sees himself/herself as a growing, changing, ever-learning person. According to one expert and author, high level wellness means using the mind constructively, becoming creatively involved with others, expressing emotions effectively, channeling stress energies positively, staying in touch with the environment, as well as giving care to the physical self.

Realizing that children must become partners in their own health care in order to achieve life-long high level wellness, they must receive the necessary, accurate information, education, health promoting services and support.

RECOMMENDATION

Curriculum provisions of the 1971 Illinois "Critical Health Problems and Comprehensive Health Education Act", (P.A. 77-1405) should be implemented in all Illinois schools. This should be further enhanced by focusing on specific life skills areas namely:

A. HEALTHFUL SEXUALITY

Sexuality is a complicated and sensitive part of every person's life. Sexuality is more than gender; it is more than behavior whether alone or with another. Sexuality is the quality of being and behaving as a male or female. It includes the physical, emotional, and social aspects - everything that sets one apart as male or female. It is an important part of the total personality, a person's self-image.

Because sexuality is so much a part of a child's development and self, education for a healthful sexuality must be a real concern for our society. There is evidence that because of the beautiful, life-enriching, but fragile potential of our children's sexuality and the lack of an adequate educational effort, our young people are in great need.

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[1] Illinois Revised Statutes, 1979, Chapter 122, Paragraph 863.

Research indicates that teenagers over the last ten years have shown very little improvement in knowledge of their sexuality while demonstrating an increase in life-defeating sexual behavior. One study shows sexually active young people to be less knowledgeable than their sexually inexperienced peers. There is a strong correlation between sexual ignorance and risk of sexually transmitted disease and unwanted pregnancy.

This year approximately one million 15 to 19 year old females will become pregnant. Another 30,000, 10 to 14 year olds, will also become pregnant. Abortion and miscarriage will end 400,000 of these pregnancies. Of the young women giving birth, 94% (540,000) will keep their children. Most of these will become single parents and not finish high school.

Nearly 1½ million teenagers will contract a sexually transmitted disease this year. The odds are one out of every four teens will have had some form of venereal disease by the time of high school graduation.

RECOMMENDATION

Special funding should be provided to encourage the development and provision of appropriate sex education programs which comply with guidelines that are sensitive to the morals of the community.

B. SATISFYING HUMAN RELATIONS

Relationships provide richness, texture, and meaning to life. If these relationships are to bring us together as people, we must enhance our abilities and the education of our children so as to realize the potential that communication across, around and through barriers can bring.

The last decade has brought continued flourishing of both the Black and Hispanic cultures and social and political awareness. There has also been an influx of refugees from many parts of the world, especially southeast Asia and the Caribbean. The media and work-life bring increased contact between people of contrasting backgrounds and value systems. Our society is noticeably polycultural. Despite and, in some cases because of, the advances in civil and educational rights, racism and cultural chauvinism have become more obvious and more subtle, more personal and institutional; producing much divisiveness.

RECOMMENDATION

The State Board of Education, with the help of representative agencies or organizations, should develop communication skills curriculum materials which reflect the positive differences of children from differing racial, ethnic, and religious backgrounds.

C. PARENTING AND ENRICHED FAMILY RELATIONSHIPS

As stated earlier, over a half million teenage females will become single parents this year. Over 50% of teenage marriages end in divorce in five years leaving a husband or wife as single parent of two children (on average). This indicates a lack of youth awareness of the responsibilities of marriage and parenthood. Of all present day students, 95+% will experience the challenge of parenting. Are today's and tomorrow's parents prepared? The most time-consuming, energy-demanding, complex task that life has to offer is met with little or no concentrated, carefully planned training. We continue to grant the"toughest job on earth" to amateurs. We assume the 18 years of being a child qualify a person to switch roles and become a parent.

Recent university research on strengths found in highly successful families revealed the following: 1) expressing appreciation of others, 2) quality/quantity of time spent together, 3) communication and listening skills, 4) ability/skill in dealing with crisis, 5) commitment in time shared with family members and caring circles of friends, and 6) high religious orientation. Family life and parent education that will strengthen present day families, augment the needs that parents are unable to meet, and provide preparation for future family tasks must include the above, as well as the traditional aspects of income management, child development, relational/marital counseling and family planning.

RECOMMENDATIONS

1. Family life courses which contain such items as communication skills in interpersonal relationships, and child care including child development and practical material dealing with children should be mandatory for Illinois youth. Parenthood education should be a continuous part of every child's education beginning in kindergarten and progressing through 12th grade. Specific curriculum should be developed by experts in the field, but should include progression from how to get along with others, including family members and and progress (by junior high age) to the child seeing himself in the future role of parent.

2. A skeletal curriculum should be established which would be standard throughout the state:

   a. This curriculum must be flexible enough to meet the needs of each community within the state.

   b. In order to be effective, the curriculum must call for instruction in a frank, open and personal manner.

3. Family life classes should incorporate study of the school's resources and the community organizations available to youth needing help with family related problems. This study should encompass not only the ways of utilizing these organizations, but more importantly, should stress the function and character of the services each organization provides. Hopefully, an increased awareness of these organizations and their functions will encourage youth to overcome the stigma of using them and make a fuller use of the available services in their communities.

D. SINGLE LIVING COURSE AND THE NEED TO COPE WITH CHANGE

Despite the natural social, familial and sexual forces which point young people toward marriage and parenthood, there is a growing social consciousness recognizing the desirability of postponement of both roles. The age of beginning marriage is advancing for both sexes. After high school completion, young people are waiting longer before deciding to marry. They are at the same time experiencing a greater opportunity to live lives separate and apart from their families of origin and other "parent substitute" institutions. Obviously, a large percentage of the general population at some time experiences involuntary singleness as a result of divorce or death of a spouse. Because of these cultural realities, the risks and fragility of early marriage, and the special needs of living singly, schools must offer students educational opportunities to increase their preparation for life as a self-sustaining single person.

The ability to successfully cope with change has received very little attention in educational curricula, yet it is becoming one of the skills essential to personal survival. Although change has always been a part of our lives, in recent years many aspects of life which had appeared immutable - or in which changes occurred so slowly that they were not noticeable - are now subject to abrupt transformation. Almost nothing

seems exempt: the environment, technology, institutions, societal values, even our bodies, minds and emotions. Moreover, in recent years the rate and complexity of change have increased dramatically; barely into the 80's, events which took place in the 70's seem to have occurred a generation ago.

These phenomena are becoming evident in the fundamental patterns of our lives. One of every two marriages now ends in divorce, and the majority of adults, particularly adult females, now live part of their lives alone. A variety of family patterns is now the norm rather than the exception. In the work place, jobs which did not exist ten years ago now provide substantial employment while some jobs which are now common will be obsolete in another ten years. It is not unusual for an individual to have at least seven different jobs during their working years, and many people are changing careers as well as jobs. There is no longer any simple answer to the question of "what do you want to do when you grow up?"

The rate and complexity of change in modern life is also affecting our attitudes and behaviors. Alvin Toeffler's book Future Shock was the first of many to call public attention to the psychological implications of coping - or not coping - with change; Toeffler vividly described the feelings of numbness and inadequacy we feel when events appear to be beyond our control, when our frames of reference are gone.[1] Now this kind of "future shock" is commonly recognized as a hazard of living in a world which is never today what it was yesterday or will be tomorrow.

The public schools have not focused specifically on these characteristics of our society nor their implications for education. The current emphasis on "basic skills" implicitly suggests that there are certain skills - literacy, computation, etc. - which are essential for all other activity; however, there has not been explicit recognition of the range of skills students will need in an ever-changing world.

RECOMMENDATIONS

1. The goals, structure and process of the educational system should consciously and specifically address the provision of skills necessary for coping with the inevitability of change. This would include, but not be limited to, the skills of:

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[1]Toeffler, Alvin, Future Shock, Random House, New York, 1970.

a. Problem identification and analysis

b. Decision making

c. Information acquisition

d. Resource identification and utilization

This would also include opportunities to explore the nature of change, reactions to change, the probable and possible events of the future and their potential for the students.

2. Career and vocational preparation should include the basic skills of personal assessment, employment analysis, finding, applying for and succeeding on a job, and understanding that employment variety will probably be the norm.

3. Courses which are designed to prepare the student for various aspects of adult life - e.g., consumer education, foods - should be consistent with a variety of life possibilities, including that of living alone.

E. CHILDREN AND THE ARTS

The Illinois School Code was strengthened in 1979 in its commitment to the Arts. It states that every school should include instruction in music and drawing and such other branches of the arts as local school boards and voters of the district shall deem appropriate "to provide an educated and useful citizenry and to foster appreciation and participation in music and art."[1] This was permissive legislation. The Illinois State Board of Education, however, provides consultants in the arts available to local school districts. They also arrange conferences for schools and have an Illinois Five Year Arts Plan through which they encourage local districts to develop their own planning in the arts in conjunction with other agencies. The Illinois State Board of Education Arts Division works closely with the Illinois Arts Council and was recently instrumental in forming the Illinois Alliance for Arts Education.

The Illinois White House Conference on Children and Youth of 1970 suggested that "A deepening of the cultural spectrum in education" should be "an integral part of the school day and program."[2] Also, courses

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[1] Illinois Revised Statutes, 1979, Chapter 22, paragraph 27-1. (PA 81-880)

[2] Report of the Illinois White House Conference on Children and Youth, Illinois Commission on Children, May, 1970, p. 95.

in literature, art, music and other subjects can be formulated to lend their content to "value education".

The arts are instrumental in the development of the whole child. In the arts, we find not only pleasure and release, but significance and meaning.

Frequently television in this country lulls us into complacency, too often substituting "entertainment" for meaningful artistic experience. Have we forgotten about the learning experience of making choices vicariously through acquaintance with characters in literature and in theatre?

Too often art is readily available only to the elite in this country. Greater evidence can be found in some of the older civilizations of commitment to the arts. In Italy, the opera has always been for all. In Russia today, members of the ballet companies are among those enjoying the highest standard of living in the country. All over Europe, art museums have top priority in public support and participation. In many places, symphonies perform regularly and frequently in the public parks. It has been said that devotion to the arts marks the difference between barbaric and civilized societies. Certainly with maturation, America is enlarging its commitment to the development of the arts for all people. The most important step in this process is the availability of arts to children.

Many artistic opportunities for personal development come to Illinois children in the larger or more affluent school districts. Certainly these opportunities are extended to those fortunate enough to proceed on into a liberal college education. But for the Illinois child in a poverty area, in a minimal school setting and for the Illinois youth in vocational/technical schools, the need is not being sufficiently met. The children and the youth who grow up in these situations, and who, therefore, have even greater need for the richness of the artistic experience, will only rarely learn of their potential in either artistic appreciation or creativity.

RECOMMENDATIONS

1. Coordination on both the state and local levels of planning and programming by schools and all other agencies concerned with children and with the arts (arts councils, libraries, park districts, theatres, hospitals, social centers and agencies) should be encouraged. For example, local arts councils could and sometimes do serve as catalysts guided by the Illinois Arts Council and the Illinois Alliance for Arts Education.

2. The idea of the importance of the arts in the development and enrichment of the whole child in a technical world should be promoted.

3. An outreach program for children and youth unaware of the possibilities of enrichment through the arts should be initiated.

F. EDUCATION AND THE PRESERVATION OF A DEMOCRATIC SOCIETY

Unless they have lived outside of the U.S. or U.S. territory, today's American youth have never experienced any other type of government than an open democracy. History or civics courses may not expose them to what living in an anarchy, monarchy or dictatorship could mean to their personal lives, families and futures. Laws often found in such systems of government such as mandatory apprenticeship and tests for future educational opportunities have not been fully explained to them. As a result the right to vote at the age of 18 is generally ignored by youth unless the country is in a state of crisis that immediately affects them.

When concerns as reinstatement of a draft for military service, a possible declaration of war, and raising or lowering of age limits for driving and drinking are on the ballot, youth do turn out. The aggressiveness of the youth of the 60's to take an active role in politics and local or broader affairs affecting the community has slipped away into the quiet passiveness of the "silent majority".

General elections for leaders of local, state and national government usually bring out a very low percentage of young voters. Exposes of wrongdoing in government such as the "Watergate" affair and corruption of judges and local officials have served to reinforce the attitude that one vote does not really make any difference in the long run.

Schools tend to place an emphasis in government, history and civics courses in the learning of specific data as names, dates and places rather than the philosophy of a democracy and why the individual must remain the "grassroots" of a government.

RECOMMENDATIONS

1. History, civics and current events curriculum at all levels must place an emphasis on:

a. The need for, and retention of a democratic society and government.

b. The necessity of participation by the individual citizen at all levels of government and society.

c. Discussion of the differences in various styles of government as compared to a Democracy.

d. The protections afforded the individual, and society, by the United States Constitution.

e. The need to protect and enrich a moral, democratic society that recognizes every person as equal to one another.

f. The experience of responsible citizenship.

2. Schools should request that the County Clerk's office provide the availability of voter registration in the school for each student when they reach their 18th birthday.

III. MAINTAIN AN ACADEMICALLY POSITIVE AND PHYSICALLY SAFE ENVIRONMENT FOR LEARNING

During a typical school month, one in every nine secondary school students in this country is a victim of theft; one in 200 is robbed; and one in 80 is physically attacked. $11 per pupil per year is lost by schools alone from crimes including vandalism, arson, and theft, a cost which would amount to approximately $22.5 million in Illinois alone.[1] On any given school day, approximately 153,200 students are absent statewide. Nearly half of these students are truant. 44,000 students drop out of school each year. These figures, taken from recent state and national studies, provided a fair indication of the stress that violence, vandalism, truancy, and absenteeism are placing upon an increasingly inadequate discipline system.

A. ABSENTEEISM AND DROPOUTS

Perhaps the most serious problem that schools face is that of children out of school. According to the Illinois Office of Education's 1975-6 report entitled "An Investigation on the Status of Truancy and Dropouts", our state experiences an average daily truancy rate of approximately 3.5 percent of all enrolled students. Recent Illinois State Board of Education

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[1] Illinois Office of Education, Department of Planning, Research and Evaluation, Toward Safer Schools in Illinois, Vol. 1; Report of the Task Force on School Violence and Vandalism, Springfield, 1978, p. 7.

reports show that 6.2 percent of all public school students, or approximately 44,000 students drop out of school each year. This dilemma of children out of school is dangerous to schools not only in its effect on State and Federal aid, but also in the fact that it is not a problem that can be dealt with through normal disciplinary means.

Absenteeism continues to be a serious problem in many schools. Unfortunately, it is multifaceted and, therefore, difficult to define and to develop appropriate programs to reduce it. Absenteeism may be manifested by a single or occasional absence for illness, major family events, either excused or unexcused, or it may occur as one or more days of frolic when a student, without the knowledge of his parents, decides to "skip". If these were the only causes of absenteeism, the problem would not be described as serious. In addition to these forms of absence, absence may become chronic for a variety of other reasons, such as fear of confrontations with gangs or personal enemies when traveling to school, because school has become dull, because students become frustrated when they cannot read or write at acceptable grade levels, or in many cases, for no identifiable reason. Finally, absenteeism may arise out of coerced absence in the case of suspensions or expulsions. The disciplinary aspects of suspensions are discussed elsewhere, but for this purpose, it is important to recognize that such absence though enforced, may develop the same level of disinterest in education as occurs with any other chronic absence. Utlimately, chronic absenteeism may lead to dropping out of school. Of course, absenteeism is not the only cause of dropping out, but there is certainly a strong interrelationship that should not be overlooked.

In September, 1979, the Illinois Task Force on Children Out of School recommended that the State Board of Education establish a goal of 95% average daily attendance for all public schools. As of 1975-76, it had found that the daily absentee rate was 7-1/2% of which almost half, 3.5% were estimated unexcused.[1]

RECOMMENDATIONS

1. The State Board of Education should establish a standard of 95% average daily attendance for public schools and should provide incentives to meet the standard.

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[1]Illinois Task Force on Children Out of School, "Progress Report and Preliminary Recommendations Submitted to the State Superintendent of Education", June 4, 1979.

2. Programs and services offered by individual schools should be reviewed and amended to meet the needs of students when absences, suspensions, and/or expulsions exceed accepted state and national averages.

3. Public information programs should be implemented to enlist parental cooperation through awareness of the cost of absences both in academic achievement and financial cost.

4. Students, parents, and the community should be involved in planning the total school program to ensure that the subject matter is relevant and to enhance interest.

5. Greater emphasis should be placed upon constructive career guidance and career education.

6. The findings from research on the use of alternative education as a means for dealing with the special needs of truant, chronically suspended and gifted students should be utilized in the schools in Illinois.

7. Special programs and funds should be allocated for development of dropout prevention programs. A parent involvement component and community resources should be included in dropout prevention programs.

8. When there is a pattern of truancy, those at the school must analyze the underlying causes (health, nutrition, learning disabilities, inappropriate teaching style, etc.) and develop a program of appropriate remedial action. The student and family should be actively involved in this process.

9. One learning style should not be designated as the only learning style with all students required to conform to it or be considered failures.

B. SUBSTANCE ABUSE, USE AND ADDICTION

In a recent poll conducted by the University of Illinois, Illinois residents rated substance abuse as one of the most important problems to be faced in the 1980's.[1] This widespread concern, coupled with the hard statistics indicating an explosion of substance abuse among adolescents clearly indicates that our substance abuse education programs are not as effective as possible or necessary.

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[1]Burdge, Ralph J., et.al., ILLINOIS: Today and Tomorrow, Special Series, No. 1, University of Illinois, May 24, 1978.

The major impediment to effective substance abuse education is that the administration and the students do not take drug and alcohol education courses seriously. Several examples for this attitude are:

1. Treatment of the topic, both verbally and in writing, tends to be very condescending. Many, and possibly most, students are insulted by the low intellectual level at which the topic is treated.

2. Information presented in course offerings is often outdated, incomplete, or based completely on scare tactics.

3. Most students are exposed to drugs and alcohol before they have had the opportunity to experience serious drug or alcohol education.

These conditions point to a need for revised substance abuse education programs in Illinois.

RECOMMENDATIONS

1. Extensive government funded research should be done to determine effective teaching methods for substance abuse education.

2. Substance abuse prevention educational materials need to be updated. Materials need to treat drugs and alcohol in a realistic manner. Students should receive substance abuse education as an integrated part of a developmental program.

3. Government at all levels should increase funding of substance abuse education.

C. PERSONNEL ISSUES

As the classroom is on the "front line", teachers generally have more opportunity for contact with their students than a counselor is able to achieve. Therefore, classroom teachers must be better equipped to deal with potential and actual problem situations. Educators sometimes lack proper motivation and compassion partially due to: insufficient job satisfaction, lack of community standing, low salaries and virtual battle fatigue from heavy workloads and community pressure.

RECOMMENDATIONS

1. There is a need for increased training for classroom teachers in the areas of substance abuse, discipline, child abuse recognition, and family life education. Teachers should have an increased capability to recognize, cope with, and if necessary, refer problem students to the proper professional.

2. Establish teacher counseling/support groups both within and outside the school to help teachers deal with stressful and low self-concept types of problems.

3. Compensation for teachers should be adequate to attract and hold personnel. Salaries should be comparable to the marketplace and commensurate with the key roles that teachers play.

4. A handbook on teachers rights and responsibilities should be prepared at the local school district level cooperatively with teachers and administrators in the district.

5. All schools should have personal counseling services available to students so as to relieve teachers of this added responsibility.

D. VIOLENCE AND VANDALISM

The public, educators and students are concerned with school violence and vandalism because of the physical and monetary costs and the loss of attention to education. Data are not collected on a statewide basis in Illinois so it is difficult to list precise statistics. However, the Suburban Cook County School Districts' Vandalism Survey and Report of Vandalism for the '75 - '76 school year estimated the cost of vandalism as $782,524.36, excluding security measures and arson.[1]

The most extensive report on school violence and vandalism is the "Violent Schools - Safe Schools: The Safe School Study Report to the Congress" by the Department of Health, Education and Welfare which was released in 1978. The report indicated that the proportion of junior high school students and teachers reporting attacks and robbery was considerably higher than those reported by senior high school students or teachers alalthough there were no significant differences regarding theft or vandalism. It also indicated that vandalism and school theft seem to be somewhat more a suburban than a big city problem. However, the larger the size of the community, the greater the risk of violence.

The Report of the Task Force on School Violence and Vandalism entitled "Toward Safer Schools in Illinois" was also released in 1978. Five of their recommendations were particularly helpful and are cited in the first five recommendations for this section.[2]

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[1]Illinois Office of Education, p. 6.

[2]Ibid, p. 12 and 13.

The leadership in the schools, as exhibited by the principal, is critical in setting the tone and the spirit of the school. If there is a strong sense of pride in the school there is less likelihood of extensive violence or vandalism.

RECOMMENDATIONS

1. The State Board of Education should develop, in cooperation with local school districts, standard forms for local districts to record information about each incident of vandalism and violence.

2. The State Board of Education should establish an information clearinghouse which provides material and information on a variety of workable and model practices to reduce violence and vandalism.

3. The State Board of Education should revise the handbook "Students and Schools - Rights and Responsibilities" to include a description of the criminal and civil law to which students are subject.

4. The State Board of Education should develop in-service training programs, statewide workshops and cooperative arrangements with university programs to train teachers and administrators how to effectively deal with disruption prone students, including information on laws and court decisions regarding discipline and exclusion.

5. The parents and teachers associations should stimulate their various units to discuss violence and vandalism, assess the extent and nature of the problem locally, evaluate the measures already taken, and, working with other local groups and school people, recommend additional educational and security measures, if necessary.

6. School boards should ensure that the principal has sufficient time (and adequate training) to talk to students informally in lunchrooms, hallways, and playgrounds and to visit classrooms so that the principal can exercise leadership in establishing a strong school spirit.

7. Student involvement in reducing violence and vandalism should be encouraged. One approach is to establish a fund containing the amount of money spent in the previous year to repay the cost of theft and vandalism to be administered by a student faculty committee or student council to repair vandalism during a given year. Excess money left at the end of each year could be used by said committee or student council for a student activity.

8. Staff in schools should develop a systematic approach within a developmental curriculum for each child to assume personal control of behavior, thereby promoting growth in decision making and responsibility, and reduction of violence and vandalism.

E. DISCIPLINE PROCEDURES

Everyone favors safety and order in our schools. The public repeatedly places school discipline as their primary concern in the national Gallup Polls on education. Even children support a disciplining system when it is adminstered fairly, provides an atmosphere conducive to learning and allows them to feel safe and to work effectively within their schools.

One of the common disciplinary mechanisms which has long been used to achieve the goals of education has been exclusionary discipline, suspensions and expulsions. Since such procedures have generally been left within the authority of the local school board and its administrators, the public has had little information concerning the effectiveness of suspensions and expulsions in meeting our educational goals. However, in 1974, a report was published by the Children's Defense Fund that concluded that the use of suspensions in public schools had reached mammoth proportions. This report was significant because it pointed to the distressing fact that during the 1972-73 school year, school districts representing slightly over 50% of the American student population suspended over 1,000,000 children. These suspensions represented over 4,000,000 school days, or over 22,000 school years.[1]

Even more distressing was the fact that the majority of these suspensions were for nonviolent offenses which had little effect on the educational process. Also, these suspensions were often imposed without the benefit of fair and reasonable procedural safeguards. These figures should be of great concern to parents, educators, child advocates, and the public at large.

Data submitted to the U.S. Department of Health, Education and Welfare Office for Civil Rights as analyzed by the Children's Defense Fund showed that in the 1972-73 school year one in every 24 children enrolled in the reporting districts and one in every 13 secondary

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[1]Children's Defense Fund of the Washington Research Project, Children Out of School in America, 1979.

students enrolled was suspended at least once during that school year. Thirteen states reported suspending over 5% of their school population and 15 states reported suspending over 30,000 school children. The Illinois average for suspensions and expulsions in 1975-76 was 2.9%. However, several school districts suspended over 10% of their students.[1]

TABLE 9: Students Suspended from Illinois Public Schools, by Area: School Year 1978-79 (rates are per 10,000 students enrolled)

GEOGRAPHIC AREA	TOTAL SCHOOL ENROLLMENT	TOTAL SUSPENSIONS	RATE
Suspended Once			
Total, State	2,110,624	66,315	314
Metropolitan Chicago	1,274,066	43,326	340
City of Chicago	494,888	17,514	354
Suburban Ring	799,178	25,812	331
Balance of State	836,558	22,989	275
Suspended More Than Once			
Total, State	2,110,624	34,229	162
Metropolitan Chicago	1,274,066	22,598	177
City of Chicago	494,888	5,755	116
Suburban Ring	799,178	16,843	216
Balance of State	836,558	11,631	139

Source: Children's Policy Research Project, University of Chicago. Illinois Office of Education. State Board of Education, Students Suspended by Racial/Ethnic Category, 1978-79, Public District Fall Enrollment, Fall 1978.

RECOMMENDATIONS

1. Schools should limit the use of suspensions and expulsions only to those actions which pose serious and immediate harm to people or property.

2. The school code should be amended to require that students being suspended be provided an informal hearing before being suspended from school. The hearing may be informal but should at least provide information about the reason for the proposed suspension and provide an opportunity to explain the situation. The school code should be amended to require that students being expelled be provided a formal hearing before being expelled from school.

[1]Report of the Committee on Youth and the Law, Illinois Commission on Children, November, 1978, p. 55.

The school should provide a hearing officer and the students should be represented by an advocate or attorney at all school expulsion hearings unless representation is waived by the student or parent. If no response is received from the student or parent within 30 days the hearing can proceed without an advocate or attorney.

3. Clear standards of conduct should be established and published so that the student knows what behavior would bring about any disciplinary action. The system of disciplinary procedures should be continuously evaluated from an educational as well as societal perspective.

4. Schools should deal with minor disciplinary problems by utilizing alternatives to exclusionary discipline such as behavior contracts which seek to gain a commitment for not repeating behavior; student ombudsmen who act as facilitators between teachers and students; peer group counseling programs as catalysts for behavioral changes; in-school centers which alleviate one-time flare-ups or disruptive incidents without denying students access to education; and work-study programs which provide interesting career training for the poorly motivated student.

5. Corporal punishment shall no longer be sanctioned as a disciplinary procedure in the public schools.

F. STUDENT SAFETY IN PARTICIPATION IN ATHLETICS

Athletics is an important element of a well-rounded school program. A well-rounded athletic program allows and/or enables many students to receive recognition and peer interaction outside the classroom that they are unable to receive in the classroom. However, great concern is being expressed over the number of injuries received by participants in high school athletics. The Report of the Governor's Task Force on Athletic Injuries was released in February of 1980. Nine of their recommendations are particularly helpful and are cited in the first nine recommendations for this section.[1]

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[1] Final Report of the Governor's Task Force on Athletic Injuries, February, 1980, p. 2-6.

RECOMMENDATIONS

1. A medical examination by a physician should be required of each candidate for an athletic team when he/she enters that schools' interscholastic program for the first time followed by a health history update when that athlete begins another school year. Significant injuries or conditions identified through the health history update and/or subsequent field observation should warrant referral for medical examination before return to participation is permitted.

2. Staff compliance with prevailing health and safety rules/guidelines, including use and maintenance of protective equipment, governing the conduct of each sport should be required.

3. A person(s) qualified and delegated to render first aid to any ill or injured participant should be available at every scheduled practice session and contest.

4. Planned access to a physician by phone and/or nearby presence for prompt medical assistance when warranted should be established.

5. Planned access to a medical facility, including written and posted procedures for communication, building access, and transportation when warranted should be established.

6. Every member of the athletic staff, and preferably, the visiting staff during contests, should be knowledgeable of such plans and procedures.

7. It is recommended that a statewide catastrophic injury reporting system be established and administered by the Illinois State Board of Education. This is intended to broaden the existing coverage of catastrophic interscholastic athletic injuries to include physical education activities. This recommendation is made with the expectation that such information will be shared appropriately with legitimate authoritative investigators of national catastrophic injury patterns. Such investigators should be approved by the National Federation of State High School Associations.

8. It is recommended that the Illinois State Board of Education, in cooperation with the Illinois High School Association and the Illinois State Medical Society, seek funds to establish an Injury Surveillance System for the State of Illinois

to analyze injury patterns for all schools in interscholastic athletics. It is recommended that the system originate as a pilot project incorporating the following developmental step: the definitions of the National Athletic Injury/Illness Reporting System (NAIRS) for reportability and severity of injuries be adopted in Illinois.

9. Since coaches are often required to assume on-field responsibility for injured athletes, it is recommended that the Illinois State Board of Education require all public school coaches to possess current Basic First Aid and Cardiopulmonary Resuscitation certification and that every three years they be required to demonstrate competence, either through examination or successful completion of a Sports Medicine Workshop in injury prevention and care. Such examination or workshop should include but not be limited to the following:

   a. Philosophy of injury prevention and rehabilitation,

   b. Common injuries - recognition and care,

   c. Athletic emergencies and injuries with potentially dangerous sequelae, and

   d. Criteria for referral for medical evaluation and appropriate means and methods of transportation.

   It is further recommended that the Illinois State Board of Education be responsible for identifying regional sites and faculty to conduct Sports Medicine Workshops throughout the State.

10. Academic standards should be established for those supervising athletic activities. Currently one is allowed to coach without any credits in physical education. However, a basic core curriculum at the college level should be developed and required for certification of all coaches and administrators of athletic programs.

11. Each student who participates in athletics should be involved in a full school year training program.

12. Coaches and physical education instructors should require warm-up exercises, stretching, conditioning, and training before athletic competition and tryouts.

G. TRANSPORTATION FOR ATHLETIC EVENTS

In some school districts and communities the safety of children is endangered because of the practice of busing teams, managers and fans to games, but not bringing them back to the school. The result is that students frequently come out of the school where they competed after dark in a strange community with no idea how to get home. In many small communities in Illinois the team managers and fans are brought back to their school. Since many of these teams play their games at night under lights they return to a darkened and locked school. They do not have access to a phone to call their parents for a ride; and many of these students live miles from their high school. The results are basically the same whether the students live in an urban community or small town; they are abandoned long distances from the safety of their homes at night and must get home by hitchhiking or riding a transit system which may be foreign to them.

RECOMMENDATION

It is recommended that schools not take students to games away from home if they are not prepared to bring them back to the school. The school should be open and supervised and students should be allowed to call their parents to clarify arrangments for getting home safely when such transportation services are provided.

IV. ADEQUATELY FULFILL SPECIAL EDUCATIONAL NEEDS OF STUDENTS

During the last decade, the public school system made its greatest progress in the area of meeting the special educational needs of certain groups. The 70's have brought a dramatic increase in the scope, availability, and quality of programs in special education, vocational education, and have seen the advent of programs for gifted students. Unfortunately, great strides still need to be made; programs still have not reached all communities. Often the quality of those programs has not been evaluated.

A. SPECIAL EDUCATION

Although educational opportunities for handicapped children have been significantly expanded during the last decade, serious problems remain in the implementation of state and federal special education mandates.

Among the most serious is the overlapping of responsibilities among the various agencies in Illinois which provide services for handicapped children. There are four separate state agencies in Illinois which operate or are responsible for special education programs:

the State Board of Education, the Department of Corrections, the Department of Mental Health and Developmental Disabilities, and the Department of Rehabilitation Services. In addition, the Department of Children and Family Services is deeply involved in providing services to handicapped children. Each of these agencies independently interprets state statutes to define its mission, and each establishes its own policies for eligibility, service delivery, due process procedures, etc. At the macrolevel, this means that (1) there is no single standard of accountability and (2) there is no assurance of a complete and articulated array of services for the state. For example, at a time when the public schools need residential educational facilities for emotionally disturbed children who cannot be educated in the continuum of day programs, the policy of the Department of Mental Health and Developmental Disabilities has been to de-emphasize residential programs and shut down institutions. At the individual child's level, this incongruence between service agencies frequently means that families are faced with conflicting claims of responsibility and, too often, the child may be unable to secure the help required.

A specific group of handicapped children for whom the availability of educational and related services remains a serious problem is the "emotionally disturbed". Several special committees are currently studying the multiple problems involved in providing services for these children; their recommendations should be given serious consideration by the various bodies to which they will be addressed. Of particular importance, however, is the lack of residential educational facilities in Illinois. Many students with behavioral/emotional problems require the structure of a 24 hour environment, yet attempts by districts and/or parents to find such placement in the state are time-consuming, frustrating and frequently unsuccessful. For example, of the 500 handicapped students currently placed in out-of-state facilities, almost 300 are "behaviorally disordered" children for whom no appropriate in-state program could be found. Recently passed legislation to allow school districts to make more flexible use of existing facilities will help relieve the situation somewhat; however, the need remains great.

For those handicapped students who have been provided with the "least restrictive alternative" and integrated into "mainstream" educational programs, there are often problems of acceptance, attitude and proper instruction. Many teachers are not sufficiently prepared -

either through pre-service or in-service training - to meet the unique educational needs of handicapped children placed in their classes. The attitudes of non-handicapped students have been virtually ignored; these students have been given little information about how to effectively and appropriately interact with the handicapped child in their midst. As a result, the experiences of handicapped children in the so-called "regular class" have not always been happy ones.

Another area of concern, now that handicapped children are receiving special education services, is the assessment and recognition of their achievement. This issue has been highlighted by recent policy discussions regarding minimal competency testing in the public schools; educators, parents and legislators have asked how such accountability procedures would apply to handicapped students. Should handicapped students be assessed against the same standards as the non-handicapped; should handicapped students be given a special diploma; can handicapped students be prevented from "graduating" on the basis of tests? The State Board of Education study on these issues concluded that:

> With regard to graduation requirements for students who are classified as handicapped, standards for assessing a student's progress should be included in each child's Individualized Education Program.

However, the issue is far from settled, in Illinois or in the country.

Ultimately, educators have little information regarding the long-range effectiveness of the programs they have provided for handicapped children. The Individualized Educational Program provides a basis for short-term assessment, but there have been limited attempts to look at special education students over a long period of time. We don't really know how the "graduates" of special education programs are succeeding in the community nor what gaps there may have been in the programs provided for them. We haven't yet looked to see whether the students are being adequately prepared to take advantage of the opportunities made available to them through the Civil Rights Act. Now that the laws are in place, there is a need to examine how well we are doing in living up to their lofty intentions.

RECOMMENDATIONS

1. A comprehensive "state plan for services for the handicapped" should be developed which would delineate the respective responsibilities of the various state agencies; thereafter, legislation and funding allocation should be consistent with this plan.

2. Funding should be provided for the employment of "case managers" who could assist families in working with the variety of agencies providing services for handicapped children.

3. The development of residential educational facilities to serve emotionally disturbed/behaviorally disordered children should be encouraged. Possible avenues for such encouragement include:

   a. Fostering the development of agreements between public schools and the Department of Mental Health and Developmental Disabilities for the operation of small residential, respite care and day programs.

   b. The development of incentives for public/private providers to develop additional residential resources in Illinois. In addition, every effort should be made to return students in out-of-state placements to appropriate in-state facilities at the earliest date. Out-of-state placements should be discouraged.

4. Competency standards must be adjusted to the needs of special education students.

5. Federal funding should be made available to develop effective models for increasing the understanding of handicapped students by their non-handicapped peers and to give teachers the knowledge and skills necessary for effectively dealing with handicapped students in their classes.

6. Long-range follow-up studies of handicapped students should be initiated; such studies should use cumulative Individualized Educational Program data and provide for following students after they leave special education programs.

7. Public education programs should be provided to handicapped children ages 0 - 22.

8. Handicapped children should no longer be described in terms of diagnostic/categorical labels; instead, the needs of children and services required should serve as a basis for definition of programs.

9. Educational support under P.L. 94-142 (Education of the Handicapped Act) should not be extended to other populations until full services have been fully extended to the handicapped populations for whom it is presently written.

B. GIFTED EDUCATION

The identification and education of gifted students is one of society's most difficult problems. Ideally, it should not be necessary to discuss gifted education at all. All children learn at different rates and have different needs; the education program must be flexible to meet these needs. Therefore, it is important for schools to move toward providing an individualized education plan for all gifted students. A variety of program options can then be considered in light of the individual gifted child's needs.

RECOMMENDATIONS

1. The federal Department of Education should:

   a. Commission studies to determine accurate methods of identifying gifted students, with particular attention to developing better methods for identifying and nurturing giftedness among ethnic and racial minorities.

   b. Commission studies to determine the best teaching methods for use with gifted students.

   c. Commission studies to determine better methods of defining and describing giftedness and talent.

2. The State Board of Education should:

   a. Provide staff assistance to local districts in the development of gifted programs, especially in those districts with small gifted populations.

   b. Develop guidelines for mandatory statewide gifted education programs. (These must be flexible to meet the needs of all schools and the areas they serve.)

   c. Provide funding for necessary training and materials for teachers in the gifted program.

3. The Local School Districts should:

   a. Develop a gifted program for the district.

   b. Designate a district coordinator of programs for gifted children.

   c. Insure that their gifted program does not automatically remove gifted students from the normal school environment, entirely, except when the Individualized Education Plan indicates this course.

   d. Hold in-service training on an on-going basis for teachers in order to prepare them to adequately identify and deal with gifted students.

   e. Make gifted education programs available at all levels, starting with preschool.

   f. Require parental consent for any programs involving accelerated studies and/or extended periods of time in which the child is removed from the classroom.

C. VOCATIONAL EDUCATION

There is an insufficient number of vocational programs and facilities for all of the students who desire or need them. Students with low academic achievement often become frustrated, failure-prone,and possess low self-images. These students drop out of school at the rate of 14,000 per year in Chicago, or 40% of any entering freshman class, often without an opportunity to make achievements or master skills in the vocational area.

By and large, the public school systems do a good job of preparing the college-bound for college, but a rather poor job of preparing the other for coping with the working world. Too many non-college bound students are ill-prepared for anything when high school days are over.

There is a definite relationship between personal satisfaction and how meaningfully one is able to adapt to his/her environment. Often the college bound students do not have the opportunity to take courses that will prepare them for use of leisure time activities or to manage modern technological devices that will enable them to accomplish required daily skills with the least amount of effort.

RECOMMENDATIONS

1. Curricula, especially vocational education curriculum, should be redesigned in order to meet the educational needs of all groups and individuals within these groups. Vocational programs should also accept students who are not at the designated reading and math level, when appropriate.

2. It should be required that electives include vocational education courses that enable the student to develop job seeking skills and exposure to and development of skills required to perform routine home maintenance.

3. Dialogue regarding vocational education should be initiated at the elementary level.

4. As much emphasis should be given to the in-depth study of vocational education as to higher education. Additional vocational classes and facilities should be made available through high schools, vocational schools, junior colleges and community colleges.

5. In curriculum development, joint experiencing should be encouraged to occur between vocational education and the community. The development of community-based collaboration with various voluntary, public and private organizations should be encouraged.

6. The school district should provide tutorial and/or remedial help to vocational education students in reading, mathematics and communication skills as those skills relate to the particular vocational program.

D. CAREER EDUCATION

Career education is one of the learner goals established by the Illinois State Board of Education. In the 11 years since its inception in the state, career education has served hundreds of thousands of students. State financial support for it has nearly tripled. Federal assistance has made possible the establishment of service centers to provide technical and/or financial help to local districts to implement it. For all of its success, however, erratic funding and limited commitment to the concept have relegated it to only partial fulfillment of its promise as a vehicle for life-related learning.

With support from state vocational education funds, Illinois initiated its Elementary Occupational Information Program two years before the U.S. Commissioner of Education articulated career education as a national policy. That program has grown in per pupil support from 35 cents to one dollar. It currently reaches fully 80 percent of the public elementary school population.

In 1979 the Federal Career Education Incentive Act made $900,000 available to Illinois for seven Career Education Service Centers to help local school systems extend the concept to students in all elementary and secondary grades and in all curricular areas. However, the funding level for the current year has been reduced to $650,000.

RECOMMENDATIONS

1. There should be greater state and local commitment and state and full federal funding for career education beginning with early childhood education.

2. All students should be exposed to industrial, agricultural, business education, health occupation, and home economics career directions and opportunities available through a cooperative effort of the classroom teachers and guidance counselors who have special expertise in career education.

3. Career education should be an integral part of the curriculum K - 12.

4. The State of Illinois should endorse the full and continuing support of PL 95-207 (the Career Education Incentive Act) and the U.S. Office of Career Education.

E. BILINGUAL EDUCATION

Since 1976 the Illinois Legislature has mandated bilingual education programs which are among the strongest in the United States. School districts are required to provide transitional classes when any attendance center shows an enrollment of 20 or more children of the same language background who have limited English proficiency. Illinois schools currently provide bilingual programs in over 27 languages. The Federal Government in its guidelines, requires that a school with less than 20 children of limited English proficiency must provide bilingual services to assure that children are being offered equal educational opportunities.

To meet the requirements of both the federal and the state of Illinois governments, school districts have developed a variety of programs to meet transitional

bilingual needs. Studies have shown that an equal or better command of the second language (English) is achieved if education begins with the native language as the medium of instruction and introduces the second language gradually. Students with bilingual instruction develop greater fluency and literacy skills such as speaking, writing, and receptive skills in English than those students with little or no bilingual programs.

Some of the other benefits of transitional bilingual programs have been:

Improved student self-esteem;
Lower frustration level for students and teachers;
Fewer dropouts;
Increased parent involvement in and out of school;
Improved understanding of other cultures by English-speaking students.

Some of the problems surrounding bilingual education are:

Rapidly increasing student body: As the United States continues to absorb great numbers of immigrating people who speak a wide variety of languages they tend to immigrate to large urban areas such as those in Illinois. Our cities provide job opportunities, reasonably priced and accessible housing and people of their own cultures who have already become assimilated into the larger society. Many of these new immigrants are complete families with children who are immediately thrown into culture and educational shock. Some children have never been enrolled in any type of school and thus have no concept of written language or numbers.

Lack of qualified teachers: Instructors for bilingual programs must be qualified teachers as well as bi- or multi-lingual; the source for these persons is rapidly dwindling with the increasing need. Some countries have refused to allow fleeing residents to take any of their personal papers or credentials with them. The need for teachers in language never taught before in the U.S. is also increasing. Most of the state universities are only prepared to test and certify teachers in English and Spanish.

Financial need: Financial resources for administering these bilingual programs have been very low. Allocations are usually the first to be cut when monies for other education programs appear to be limited. Consideration for the increases in the number of children needing the services does not appear to be a vital concern when the legislature determines the education budget. Mandating programs does not also carry the responsibility for fully funding them.

Lack of public acceptance for bilingual program: Some persons perceive bilingual programs and education as "un-American". A thorough public relations program has not been fully established which would explain to the public how programs are carried out, the critical need for these services and the legal requirements for bilingual programs.

RECOMMENDATIONS

1. Federal and/or state funds should follow the limited or non-English speaking student from the time he/she enters the United States. The local school district should receive a specific dollar amount for each student absorbed into the district. These impaction funds would be in addition to the basic administration and program development funding already allocated.

2. To ensure that trained and accredited bilingual personnel are available at the time students of different language backgrounds enter the schools, special training programs should be provided by the state and appropriate local communities. Such programs should be planned in anticipation of significant influxes of these students and should be addressed to both teachers and teacher aides. There is a need for teachers who can speak the language of bilingual students of Illinois to be certified and tested.

3. Funds should be appropriated on a specific set of criteria rather than arbitrary decisions of legislators. Included in this criteria might be such items as number of students in the school district, required number of staff both the classroom and supportive, basic administration costs such as production of written and/or printed materials, and complexity of the programs.

4. Government sponsored media public information TV shorts and films should be developed and produced. In-service programs for legislators and governmental employees regarding the mandates of bilingual programs and the need for such programs could be accomplished by the Illinois State Board of Education staff.

V. ACT AS A POSITIVE FORCE IN THE COMMUNITY

One of the keystones of the American school system has been local control of the local educational process. Despite the growing influence of State and Federal officials, a great deal of power still rests in the hands of local

school boards. Part and parcel of this local control is the expectation that the schools will operate in partnership with the community; with the schools reinforcing community standards and the community providing support to the schools.

Today, there is increasing friction between the schools and their communities. Citizens refuse to increase school revenues, and schools find that they cannot educate students without reinforcement from home. Clearly, we face a need to improve the position of the public schools within the community.

A. SCHOOL FINANCING

Society and all who learn must be provided with no less than a high-quality, fully integrated public educational system. Such a system is one in which there is accountability for the resources allocated for education. It is one in which all persons, regardless of race, creed, sex, ethnic origin, age or handicap, have equal opportunity and can work harmoniously together. It is one in which segregated pockets are eliminated and, it is a system which provides multicultural programs which are based on ethnic heritages of our people. Further, such a system is one in which the educational program is balanced and comprehensive, where each program area is given full attention. A high quality, fully integrated system must provide a setting that accepts all students as equal in terms of individual worth and dignity, while at the same time recognizing and respecting individual differences and providing for them in the instructional program. The system then gives each child a chance to develop to his or her maximum capacity by recognizing the power of motivation for effective learning - motivation of the learner. Curriculum should reflect this and the total setting should be positive, encouraging development of good interpersonal relationships.

Absolutely imperative to all educational programs is strong emphasis on improving reading and literacy, helping those with different languages to cope with the necessity to communicate in English in the United States, and providing educational opportunities for all ages. These are among the survival skills of life.

<u>Supporting The Public Schools</u>

The trend of the eighties seems to be to expand the role of the school in the life of the child. The 1970 Illinois White House Conference recognized the appropriateness of the school for meeting the needs of children. Many of its recommendations have already been implemented. The Illinois School Code now requires

school districts to provide a lunch program (with breakfast in the offing), milk, participate as monitors in the immunization program, transport the children to and from school, and provide driver education. However, these mandates prove costly to the schools. They are usually only partially state funded. Often the funding has a cut off date, Funding for programs is set at a fixed rate with no provision for inflation or year to year monitoring. Money to implement these mandates is drawn from the district's educational fund. Fulfilling all the mandates leaves little time in the school day for basic education and little money to spend on that education. (Physical education for a full period daily is mandated by state law, yet the study of math is not mandated in the school code.) Yet, we continue to ask the schools to do more.

The schools are seen by society as the primary provider of services to children; schools are becoming responsible not only for the education of children and youth, but almost for their total welfare as well. There are many reasons for this attitude. The school district is a governmental taxing body. Therefore, the schools are a favorite target for child centered legislation. Communities pay taxes for schools and schools are familiar buildings in a community; consequently, parents look to the schools as being responsible for their children. Indeed, school personnel often are the first to spot problems. School doors are opening to more and more children at a younger age because of programs like the early childhood intervention program. The school is central to the development of the child. A child's school experience helps form a child and remains with him or her for a lifetime.

Some suggest that if the human service and health care agencies could cooperate fully with the schools in serving each child in need of help, the child would be more receptive to learning and more likely to develop to his or her potential.

That the schools have responded so effectively to their latest challenge, PL 94-142 (Education of the Handicapped Act), demonstrates their impressive capacity (BEH Report to Congress, 1979). However, meeting that challenge has placed such burdens on school systems that they are having difficulty fulfilling their supposed primary responsibility; education of all the children. Schools are being required to do more and more for society while getting proportionately less money. For example, local school districts now pay the full costs of children placed in residential educational facilities. Formerly they paid only that

percentage which was actual education, while the Department of Children and Family Services or other agencies covered living costs. The state law refusing children attendance in school until all immunizations are caught up is costing countless hours of secretarial and administrative time in every district.

Our schools have the additional problem that they must continually compete with the private schools for public funds. With costs for education spiralling, private school interests have accelerated their demands for public funds. In 1979 an estimated $33.7 million in grants and services were provided from public funds to non-public schools. Although the right of parents to send their children to private schools cannot be questioned, their claim to public funds to help support an alternate system of schools must be questioned. The Illinois Constitution provides that the State has the primary responsibility for financing the system of public education (Article X, 1). The State is further prohibited from paying any public funds to any church-related or sectarian school (Article X, 3). Private schools are not subject to the costly mandates which challenge the public schools to educate and serve all children and youth in Illinois. They can be exclusive and are able to turn away any child they do not wish to serve. With limited funds can Illinois support two school systems?

The future of our public schools is now on the line. If our system of public schools is to survive, we must decide what we want our schools to do and give them the funds and support to meet those responsibilities.

RECOMMENDATIONS

1. Public schools must be adequately financed so that all parts of the educational community can work harmoniously, even during times of major differences of opinion.

2. We must establish an equitable distribution of resources designed to provide adequate support for high quality public education programs. The school aid formula should be fully funded and hold harmless the impact of changes in the formula.

3. The cost effectiveness of the distributive methods, financial incentives, and grants programs should be periodically evaluated. Every effort should be made to control or reduce excess costs, and to otherwise improve the management of the public schools at the state and local levels.

4. The Illinois State Board of Education should study and assess the role and responsibilities assigned to public schools and establish priorities for the 80's. It should involve in this study statewide education groups such as the Illinois Association of School Boards, the Illinois Education Association and the Illinois Federation of Teachers, the Illinois Administrators Association, and the Illinois Parent Teacher Association. It might also include representatives from the human service agencies. We hope the report of the 1980 Illinois White House Conference will prove useful for their study.

5. If it is decided that the schools should continue to expand their role as a center and coordinator of services delivery to children, the School Problems Commission and the Illinois State Board of Education should work to ensure that there are adequate funds for each of its responsibilities:

   a. A study should be made of the funds going through the schools with a break-down of funds for education and funds for human and social services

   b. Provision must be made to ensure that there is adequate funding for each responsibility; funds must not be diverted from education to human service needs.

6. The Illinois State Board of Education and the School Problems Commission must ensure that appropriate policy changes, legislation, and appropriations are made at the state level to enable schools to cooperate with agencies in a concerted effort to meet the needs of the total child.

7. If the public schools of Illinois are to meet the increasing education and social challenges of the 80's, they must have all the public funds to which they are entitled. The Illinois Constitution provides for the State to have the primary responsibility for financing the system of public education and it prohibits public funds from being paid to religious and sectarian schools. Public funds should not be used to support private schools through grants, vouchers, tax-credits or other means. Public funds for education should be used exclusively to meet the needs of public schools.

B. HOME-SCHOOL-COMMUNITY RELATIONS

With the passage of Federal and State regulations governing the design, implementation, monitoring and evaluation of subsidized education programs, has come the legal requirement of parent and community involvement. Historically, however, some school systems, individual educators and administrators have long recognized the value of positive home-school-community relationships.

School principals often find themselves in the unenviable position of satisfying all school mandates, developing the education program for their school, supervising teachers, arbitrating internal and external problems, completing endless paperwork, attending numerous meetings and all the while trying to see that children are educated and parents and community are content. Tied together in this maze of responsibilities we find that very few principals and teachers have ever been formally taught how to work constructively with parents and community.

Recognition of need for community involvement has not always meant that activities were encouraged or directed toward the benefit of all concerned. The focus of improved educational opportunities for children has periodically been lost in the struggle to pass bond issues and tax increases, or to gain support for one school faction or another. Teacher union strikes, administrative policy changes without public notice, reticence on the part of educational leaders to share information with the community, have served to polarize and alienate parents rather than unify them. Parents find themselves vying for power within schools rather than working cohesively with school administrators and faculty.

Negative media reports about education in general and the behavior of certain young people, promotes public distrust of schools as a place for positive youth development both academically and socially. Some parents and community persons actually fear for their physical safety if they enter particular school buildings. Exaggerated and inaccurate news reports have created such images thereby discouraging any type of school-home-community relations in some locations.

Public apathy toward education can also be blamed on poor school-community relations in the past. At this time in our nation's history only 27% of our total population has some direct connection or interest in schools. As the senior citizen group continues to grow and the birth rate declines, the general public interest that is needed to sustain schools will continue to decline.

With dwindling financial resources, some school districts have found tney must restrict the free use of school buildings after school hours, thus creating an even broader barrier with the community. Rather than the school being a positive resource in the lives of students, parents, and community, it becomes a locked building which says "Learning is a 9 to 3:15 operation, exclusively." A school "Open House", only once per year, serves to emphasize this point.

Lack of money has also caused the cutback of teachers and teacher aides with no replacement in sight. Parent volunteers who formerly filled some of these gaps are not as plentiful as in the past. Economics, single parent homes, nonsupport or recognition of volunteers, and a general sense that some schools do not truly welcome parents, contribute to this growing problem.

Organized parent groups such as PTA's, PTO's, Mothers' Clubs, and advisory councils are struggling for their very existence in some communities. Without support from the school systems themselves, they may very well die. The usual replacement for these substantive organizations is short-lived, single issue or special-interest groups, that usually take a negative posture on a given school issue.

In a few communities in the United States, the business community has joined with the schools to enhance parental involvement. Where parents are knowledgeable of the schools' goals, methodology and rules and regulations, student achievement has risen. Parents are given one half day per month, paid by the employer, to attend school meetings. Others are given a small stipend to help them over a financial crisis so that they may stay home, rather than go to work, and give free time to the schools and other children's activities.

If there are to be enduring parent groups, which will willingly give of time, talent and effort to improve all phases of education, there must be a total commitment on the part of professional educators, at all levels, to accomplish this goal.

RECOMMENDATIONS

1. A state-wide committee and conference on the improvement of home-school-community relations should be established.

2. Funds for after school hour programs such as the "Lighted School House" should be made available.

3. College credit courses for future teachers and administrators in home-school-community relations should be developed.

4. Positive public relations activities should be engaged in relation to schools, student achievment, volunteer programs and education in general.

5. In-service programs in local school districts devoted to knowledge of parent and community groups and how to work positively with them should be developed.

6. Volunteer coordinators in each school district should be created.

7. There should be appropriate local recognition of parent-community organizations by schools and school districts.

8. Training programs for parents in all phases of school administration, school codes, education in general and child development should be initiated.

C. ACADEMIC FREEDOM

Academic freedom is the opportunity to teach and to learn in the least restrictive environment. The schools must provide an environment that both fosters academic freedom and upholds its significance as a societal value. Its importance is evident; the ability to explore different ideas establishes a creative environment that can produce new concepts and products for the benefit of society as a whole.

Although the benefit of academic freedom may be obvious, a conflict develops because effective education must be structured. To the extent that a student is guided to specific subjects and with an established teaching methodology, the opportunity to explore is restricted. However, an inflexible program can indoctrinate students, but it cannot foster the creativity or individuality necessary to sustain a democratic free enterprise system. The critical issue is to find a balance that imposes the least restriction necessary for the students consistent with a learning environment.

Educational direction is best provided through the core program. The selection of subjects, as well as the sequence and methods of instruction, is clearly the responsibility of the educational institution. This selection process ensures a basic program for all students in which they can grow and develop intellectual capabilities through exposure to new subjects and more difficult problems. Coincident with this process, students must be afforded the opportunity for

a free exchange of ideas with their peers. This can be accomplished through the usual opportunities in the school environment for social exchange with other students and by means of school or student sponsored newspapers.

Such exchanges will undoubtedly provide information from time to time that the school would not include in its regular program and might not "approve". However, the significance of such communication is not in the information that is transmitted, but the opportunity to consider and explore or reject other ideas. To the extent that this establishes an open environment for new ideas, the school will recognize and pass on to the student the importance of such an open environment to society at large.

Additional opportunities to obtain general information are provided through libraries or speakers from outside the school. As with exchanges among students, it is equally important to provide a school library or outside resources that enable a student to obtain new information that may not be part of the core program. From time to time schools may find it important to ensure balance by inviting outside speakers that represent different sides of a controversial subject, but the focus must be to create a forum for the exploration of ideas rather than to deny their existence.

RECOMMENDATION

To ensure the opportunity for a free exchange of ideas within schools state regulations should be developed:

a. To encourage diversity and depth of school library resources.

b. To encourage an open exchange of ideas by providing for the dissemination by students of student sponsored newspapers.

c. To establish performance qualifications for teachers that exclude consideration of personal beliefs or lifestyles that are not directly related.

d. To encourage programs in each school for outside speakers.

Conclusion

Today, our school system is faced with the task of being forced to reevaluate itself: its methods, its effectiveness, and most importantly, the validity of its purposes and goals. In examining the myriad of expectations that various segments of the American public have of their educational system, we have arrived at our own definition of what role our public schools should play. Stated generally by the section headings and developed more specifically by the recommendations, the expectations are the result of a painstaking and conscientious effort to balance idealism with reality. Our school system can be expected to function effectively only when the role it is expected to play is realistic. No institution can be expected to incorporate all of the varying and contradictory expectations of all of the segments of society.

The resources of our educational institutions are finite, not only in terms of such alterable factors as money, facilities, and manpower, but also in terms of the absolute limits of time and human ability. Therefore, the most critical need of our educational system is for a clear set of generally accepted expectations that pragmatically balance idealistic need with the stark organizational reality of available resources. These recommendations, have striven to develop an expectational structure which is maximally effective in meeting the needs of the most students, yet is well within the given organizational limits of financing, manpower, time, and human ability.

HEALTH SERVICES AND A CONTINUUM OF SERVICES

I. HEALTH SERVICES

Children are our future. The need to provide the essential support to assure that our children are born healthy, are protected from preventable disease, and have available sources of care for treatment and rehabilitation should be self-evident. Health is the quality which provides the foundation for all other achievements. The ultimate goal is that all children be able to attain their full potential for physical, emotional, and social health. Thus the consideration of health needs is basic to our study of priorities for children through the 1980's.

Health is a continuum, not merely the absence of disease, but encompasses a state of positive well-being. Health services, then too, should be a continuum including adequate delivery mechanisms to provide all needed services through positive health promotion, in the forms of various health education and preventive programs. In order to look at this continuum in a more systematic way, it is necessary to subdivide specific areas for study. In this report, Health Services has been broken into two basic parts -- Prevention and Delivery. These are further divided to emphasize areas of particular need. Under the category of Prevention, special stress is placed on health education, immunizations, nutrition, accident prevention, and environmental health services. Under the category of Delivery is included special consideration of prenatal care, access to health services, mental health, and dental health. It must be emphasized again that this fragmentation is for purposes of compiling a comprehensible report and that the committee strongly contends that health services must be a continuum to be optimally effective.

In selecting the areas of the health care continuum to be emphasized, the committee does not intend to ignore other areas essential to the broad concept of the quality of health. In this regard we wish to point out that we are concerned by the problems of the environment and its relation to health. It was also agreed that the discussion of environmental factors contained in the "Report of the Illinois White House Conference on Children and Youth, 1970" still applies and although some of the recommendations have been accomplished, the need for continued research still exists and should be re-emphasized.

The areas selected for discussion are those of highest priority to the committee. If the recommendations which flow from these concerns can be carried out through the coming decade, by 1990 we will be much closer to our goal that all children should be able to attain their full potential for physical, emotional, and social health.

A. PREVENTION

1. HEALTH EDUCATION

Health education has been defined by the Statewide Health Coordinating Council as "a process with intellectual, psychological and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting personal family and community well-being. This process, based on scientific principles, facilitates learning and behavioral change in both health personnel, consumers, children and youth."[1]

By the time a child enters school he has developed many attitudes and health habits. In early years the home, preschool and child care surrogates have a great influence on the child's behavior. Good health habits must be reinforced, poor habits modified to encourage maintenance of optimum health of the child.

Most people have traditionally learned how their body works by chance - or when it malfunctions. Very few have experienced a formal plan of learning other than nurses and physicians. The professional has been unable to deal with prevention on a full scale due to needs of those who are ill even though it is recognized by health professionals as gravely needed.

In his newly published book, George D. LeMaitre, MD[2] lists criteria for choosing a good doctor and includes a physician taking adequate time to explain, teach and answer patient questions as a priority for choice. Health care agencies need to make their personnel accountable for many social and psychological actions that currently are left to personal discretion.[3] It is also clear that this orientation requires considerably more than a statement of expectation to personnel.

It is becoming socially acceptable to admit that parenting isn't instinctive,[4] but parents need to

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[1]Illinois Statewide Health Coordinating Council, Operational Policy Statement for Health Education in Illinois, 1976-1978 Springfield, IL, 1979.

[2]LeMaitre, George D., MD, How to Choose A Good Doctor, Andover Publishing Group, Andover, Mass., 1979.

[3]Redman, Barbara Klug,"The Process of Patient Teaching in Nursing", 3rd Edition, Mosby, p. 16.

[4]White, Dr. Burton, Director of the Center for Parenting Education, Newton, Mass., Chicago Tribune, Monday, August 4, 1980, p. 10.

search out sources to help them do the job better. Helping parents take more responsibility for their children's health involves increasing their awareness of how to best utilize existing services. The poor and minority parents may require more attention and assistance in this area.

In some sections of Chicago public and private health facilities for children are under-utilized except in crises when children must have a physical examination and/or immunizations for entering a school. These facilities are available, accessible, acceptable, and adaptable. Some parents have many reasons for not using available services: working, no one to care for other children, child does not need care, hours of clinic not convenient, etc. Professional health educators should know why a parent, aware of existing health services, does not take advantage of them or drops out when there is still a need for care. They should also know to what extent people link their own behavior to the cause of disease or to the state of wellness.

If parents do not take responsibility for their children's health status is it because they cannot or will not? Heider's concept is that there are both personal and environmental factors involved in one's motivation for action. The personal factors are "can and try". Can refers to the ability or the skill of the person to carry out an action, while try refers to the intention and effort of the person. Environmental factors in motivation would include luck and task difficulty. In terms of educational intervention in health care promotion, it is important to know which of the several conditions; ability, intention, effort, environment, contribute to the individual's health outcome. If the person "cannot", then education should be directed toward equipping the individual with the capability of self-care or promotion of health. If the person "will not", it is doubtful that the educator can do anything to foster motivation. Hentzer concluded that we may have to accept passivity of the individual. This is one alternative. Motivational intervention directed toward personal control is another.

If health educators/providers are to be facilitators of self responsibility, it is most important that they have an understanding of motivational factors at play and the necessary skills to implement motivational training for parent and child. Much can be done to support and foster health awareness in order to promote well-being of children: 1) by providing opportunities for parents

and/or adolescents to become more knowledgeable about health and, 2) by instilling in parents and/or adolescents a belief in the importance of individual responsibility in health promotion. Every effort must be made to transform the passive parent into an active, informed and effective participant in health care and health promotion.

RECOMMENDATIONS

1. Health education programs including nutrition and parenting education should be developed for parents of infants, toddlers, and preschoolers. In addition, a health curriculum should be developed for preschoolers themselves. Innovative programs can be provided by day care and health care centers as part of their program services as well as by other community services and agencies.

2. Creative methods for meeting the health education needs of school age children should be developed through the public education system with involvement from health personnel. Consumer pressure should be brought to bear on health care agencies, physicians and nurses to provide time for teaching effectively.

3. Public media should be utilized in consultation with health personnel to disseminate appropriate health information.

4. Since the health care system is in a constant flux, lines of communication must be open between the provider and the consumer for efficient utilization of the system.

5. Life education including parenting education classes in all schools should be available. Information and education programs on family planning taught by qualified professionals should be available.

6. All children and their parents should be educated about health and health care systems with emphasis on prevention, treatment and coping with permanent disability.

7. Educational programs for health providers and educators should include both knowledge and skills relevant to human motivation.

8. Funds should be available for adequate outreach programs. Individuals assigned to this program should have expertise in motivational factors.

9. Local health departments should add programs concentrated on promoting health and preventing illness which would include changing of life-styles and personal health habits of children and parents.

2. NUTRITION

Proper nutrition is essential to normal growth and development. This process begins not at birth but at the time of conception. Therefore, it directly involves the mother's health and nutrition.

Inadequate nutrition during pregnancy has been determined to be related to low birth weight, intellectual impairment and prematurity. The medical profession has changed its viewpoint about the appropriate weight gain during pregnancy. The primary concern is promoting proper nutrition rather than rigidly limiting the number of pounds a mother may gain during pregnancy. The health professionals can only provide nutritional counseling to those who seek their services. Even then, many allied health professionals are not receiving training themselves in maternal and pediatric nutritional care.

The American Academy of Pediatrics has recommended that all infants should be either breast fed or on commercial infant formula for one year. Those mothers who breast feed their infants must receive an adequate amount of milk themselves. Mothers who choose to use commercial formula frequently change their infants to whole or skim milk at an early age (2-3 months) because of economic problems or ignorance. This has been determined to be nutritionally inadequate for the infant's growth and development. It provides them with a diet that's high in protein and low in fat. The use of whole milk in infants under one year has been found to cause some intestinal blood loss which can lead to iron deficiency anemia.

A survey was conducted by Southern Illinois University's Human Development Nutrient Dietary Data Analysis Laboratory of 1,700 children less than 12 months of age, 4,700 children between 1 and 3 years of age, and 1,212 children between the ages of 4 and 5. The survey was an assessment of the dietary intake of these children who were low income either participating in the Women, Infants and Children program (WIC) over the last 6 months or who had just come into the center to be certified for WIC. The survey showed that the group aged 6 months and older who were not on the supplemental feeding program (WIC) did not meet the recommended dietary allowances for iron (74%) while those

receiving the supplemental food program received 106% of the recommended dietary allowance. Anemia is one of the top problems in the state of Illinois and providing health services, i.e. specifically nutrition related services, does improve dietary intake of iron. Looking at the children from 1-3 years of age, it was demonstrated that even though the children had been receiving supplemental foods, their diet contained only 85% of the recommended dietary allowances for iron while those who had not been receiving the supplemental food package consumed only 64% of the recommended dietary allowance for iron. Once the child reaches 4 years of age, the recommended dietary allowance is decreased and therefore the dietary intake of the 4-5 year olds in both the supplemental and the non-supplemental group consumed more than 100% of the standard. During 1980 the heights and weights of children were reviewed and compared to the acceptable range using the Center for Disease Control Standards. It was shown that in the children 1-5 years of age 10% were less than the standard height for weight and 9% were over 95% of the standard. The latter would indicate obesity. Obesity is a significant problem among children and in many cases relates to improper nutrition. A number of children are having problems with obesity.

RECOMMENDATIONS

1. Health providers, physicians, nurses, dentists and other health educators should receive education and preparation in the art of nutritional care during the formal education process as well as part of on-the-job training.

2. The Department of Public Health should participate in a nutritional assessment and surveillance system to aid in the identification and prevention of chronic diseases and obesity associated with childhood.

3. Nutritional services should be available at local levels to serve children and their families through such mechanisms as the Cooperative Extension Service and local health departments.

4. Breast feeding during the first six months of infancy should be encouraged whenever feasible.

3. IMMUNIZATION

Smallpox has been eliminated worldwide through the concentrated efforts of health authorities in providing vaccination programs. Other communicable diseases could likewise be eliminated by well directed efforts since effective immunization agents

are available. All children should be immunized against the preventable infectious diseases for which there are recommended immunization procedures, e.g., diptheria, whooping cough, tetanus, poliomyelitis, measles, mumps, and rubella and records of such immunizations should be kept by each family.

Many families believe that most childhood diseases have been conquered, and that there is therefore no need to provide immunizations against them. Many parents believe that it is the responsibility of the government or the school to see that children are immunized.[1] There are insufficient city and county health services available to provide immunizations to children who are not receiving preventive care through private physicians particularly in counties without county health departments.

RECOMMENDATIONS

1. The media, school health programs, local church and community groups should be utilized to inform the public regarding the need for immunizations as well as the availability of immunization services in local areas.

2. Immunization should be part of each child's preventive health care program, which includes periodic medical evaluation, nutritional supervision, prevention of specific diseases, early diagnosis of asymptomatic disease, and prevention of accidents.

3. Regional planning for provision of periodic health screening and immunization of children under age 6 is essential. Efforts should be made to utilize local organizations and health professionals within each community to reach children with such services.

4. ACCIDENT PREVENTION

One of the major national child health goals for the American Academy of Pediatrics is that "all children should live in a safe environment." Automobile accidents are the single largest cause of death and injury in children. Mortality rates from accidents must be reduced. Parents and children need to be educated in available preventive measures both on the road and in the home.

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[1]General Mills American Family Report, 1978-79.

RECOMMENDATIONS

1. Mortality rates from automobile accidents should be reduced. Appropriate child restraints should be used in automobiles; adult education should be available regarding their use.

2. Community programs should focus on prevention of childhood accidents and poisonings.

5. ENVIRONMENTAL HEALTH SERVICES[1]

It is an indisputable fact that every living thing depends upon its environment for its very existence. Life cannot be maintained in a totally hostile environment and the quality of life is compromised by lesser degrees of unfavorable environmental factors.

Man is no exception to this truth, and because of his complexity, indeed may be more affected by imperfections in his environment than are lower animals. Certainly environment exerts an influence upon the physical health of man and animals, but it also influences the mental health of man.

Man has learned to modify his environment; he has been able to transport a favorable environment to the moon. And the environment carried 240,000 miles into space was purer than that in which Illinois families exist daily. In learning to manipulate our environment, in clustering together in communities intended for our common good, we have produced side effects which pollute the environment and reduce or overwhelm nature's ability to restore its purity.

The environment consists of basically three essential elements from which we extract life, namely: land, water, and air. The control and proper use of these elements may determine whether we live or die, and certainly determines the quality of living. The control of environment involves seven areas. A number are overlapping. These are air, water, food, shelter, waste disposal, control of natural hazards, and control of man-made hazards. Each of these affects the health and well-being of families. Each is of major importance to the community, but the first three are of such absolute need for survival that they deserve special comment.

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[1]The commentary and recommendations on the section Environmental Health Services are taken verbatim from the Report of the 1970 Illinois White House Conference on Children, with the exception of one recommendation.

a. Air. Among the elements of the environment, air is the one without which man can exist only minutes. Air is capable of carrying many noxious products which can affect our health and even cause death. Our modern industrial society and its automotively-oriented people have made air pollution a serious health problem. The smog which covers industrial areas, although at present only occasionally producing acute illness, is thought to contribute to chronic illnesses. It is an added stress on those who have pre-existing disease as well. There is recognition of this problem in official circles and beginnings of attempts to control air pollution are in effect. Air pollution knows no boundaries so the control mechanism must be given power to act on a regional and interstate basis.

b. Water. Water, like air, is essential to life and survival without it is limited to only days. Water also becomes a vehicle for carrying deleterious products to man. Bodies of water are also a ready means used to carry away waste. This combination of uses has produced much disease and death. The bacterial contamination of the past has been recognized and combated, but chemical pollution is now a problem. This concern is also recognized nationally and Water Pollution Control agencies are coming into existence. Again, these must be able to function across political boundaries to be effective.

Delivery of an adequate supply of clean water to the family dwelling is a goal to achieve. Many families in Illinois do not have indoor water supply of safe quality and adequate amount. Studies have indicated that there is a relation between the prevalence of disease and proximity and availability of water for both consumption and sanitation.

c. Food. Standards for food preparation, packaging, distribution and serving are fairly good on a national level and in large population areas. However, much of the State has no local inspection or insurance of quality and purity in food production and distribution facilities.

RECOMMENDATIONS

1. Water pollution control boards should continue to be developed on a regional basis with authority and direction to act on interstate problems.

2. Each county should be charged with enforcement of minimum standards of sanitation in food processing and distribution facilities.

3. Control of rodents and disposal of sewage and other wastes should be standardized throughout the state and enforced by the Illinois Department of Public Health.

4. Research efforts should be intensified to determine the objective threat to healthy human growth and development from man-made hazards such as chemical pesticides, chemical additives, drugs, nuclear contamination, etc. The results of such research must be recognized and appropriate responses initiated.

B. DELIVERY

1. PRENATAL CARE

Adequate prenatal care has been defined in Illinois as care beginning in the first trimester and including 12 or more visits.[1] In 1978, only 32% of livebirths (36% of whites and 22% of nonwhites) fell into this category.[2] In 1976 the Illinois Department of Public Health showed a neonatal death rate of 3.8 for this group (3.5 for whites, 6.0 for others) as compared to 15.2 (12.1 for whites, 23.3 for others) for those with inadequate/unknown prenatal care.[1]

Considering simply care beginning in the first trimester, 1976 Illinois data show that earlier care is associated with a lower proportion of low birth weight (therefore high risk) babies, especially for whites (1st trimester, 5.3% low birth weight) and particularly when compared with babies born after no or unknown prenatal care (for whites, 14.6% low birth weight).[1] In 1978, however, only 0.5% of Illinois' mothers received no prenatal care (compared with 1.4% nationally in 1976), and fewer than 2% received 1-12 visits starting at an unspecified time.[2] About 67% of Illinois' mothers started prenatal care during the first trimester (1978 data) compared with 73% nationally (1976 data).[2,3] This difference may or may not account for Illinois' poor position nationally with respect to infant mortality (lower third).[4]

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[1]Materials from Bernard J. Turnock, MD, MPH, Chief, Division of Family Health, Illinois Department of Public Health, 7/9/80.

[2]Calculated from TBLO1 and TBLO4 - MCH - prenatal care... livebirths 1978.

[3]DHEW, PHS, Health, United States, 1978 DHEW Pub. No. (PHS) 78-1232, Dec., 1978.

[4]Wegman, Myron E., Annual Summary of Vital Statistics, 1978 Pediatrics, 64:835-842, Dec., 1979.

As has been observed elsewhere, Illinois mothers who obtain prenatal care later or have fewer total visits tend to be of low socioeconomic status, nonwhite, adolescent, and/or unmarried.[1,2] These factors are independently associated with poor pregnancy outcome. A concentration of such mothers makes statistics for the city of Chicago stand out as the worst in the state in every regard. Only 60.6% of Chicago mothers during 1975-77 started prenatal care in the first trimester; 10.3% of babies born were of low birth weight.[3] These statistics are particularly important since almost half the State's births occur to Chicago residents. As contrasted with problems in downstate counties, lack of prenatal care in Chicago cannot easily be attributed to lack of resources.

Data from 1977 reveal 49 downstate counties with fewer than 75% of mothers beginning prenatal care in the first trimester. These areas of the State have little public prenatal care.[4] Although only 20% of the total births occur in the 49 counties, better access to appropriate services for disadvantaged mothers could result in some savings of future tax monies from improved pregnancy outcomes.

Improvement of State statistics, however, may be dependent on improving the statistics for Chicago. It is accepted that the amount of prenatal care received is related to infant mortality but also the quality of prenatal care is very important.[5] The process of service delivery has not been evaluated in Illinois but may be relevant to improvement of Chicago's prematurity and infant mortality rates.

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[1]Calculated from TBL01 and TBL04 - MCH - prenatal care... livebirths, 1978.

[2]DHHS, PHS Trends and Differentials in Births to Unmarried Women U.S. 1970-76, Vital & Health Statistics Series 21, NO. 36, DHHS Pub. No. (PHS) 80-1914, May, 1980.

[3]Table 1, Section 11-C, prepared by MCH Studies Project of Information Sciences Research Institute, Silver Spring, MD., Nov., 1979.

[4]Materials from Bernard J. Turnock, MD, MPH, 7/9/80.

[5]Kessner, D. et al Infant Deaths & Analysis of Maternal Risks in Health Care, Nat. Acad, of Science, Inst. of Med., Washington, DC, 1973.

RECOMMENDATIONS

1. Public prenatal health care and education should be more accessible to all mothers. Fathers should also be included in the educational programs when possible to provide necessary support.

2. The process of prenatal service delivery experienced by Medicaid and other high risk mothers in all sources of care, including outreach efforts, technical quality of care rendered, and degree of respectful and dignified treatment of patients, should be evaluated, especially in Chicago, and necessary steps taken in order to increase the utilization of the service. Quality must be considered in the definition and development of adequate prenatal care.

3. A comprehensive genetic service program associated with the existing regional perinatal program should be available to reduce risk of birth defects.

4. The local health department should assure the provision of prenatal classes, prenatal clinics and assure the availability of pregnancy testing programs.

2. ACCESS

The 1970 White House Conference stressed the importance for children and their families to have comprehensive and accessible health care, including prenatal care, dental care, and health and parenting education. It points out in its report that although the Illinois Department of Public Health has the responsibility for county health departments, it has no authority to establish or operate county health departments without successful referenda by local voters.[1]

The recommendation of the 1970 White House Conference was:

> "Basic to a more comprehensive approach to delivery of service should be an effective public health program since almost all other children's services start with an evaluation of the health situation, needs or problems.

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[1]Report of the 1970 Illinois White House Conference on Children, Illinois Commission on Children, 1970, p. 55.

> The present delivery system of public health services through county or multi-county health departments should be actually examined to determine if this method of delivery can be improved to provide coverage and comprehensive services of a quality and quantity to make it effective, or if an entirely different structure may be developed."[1]

The last decade has seen no significant change in the number of county health departments in the state. When this is coupled with the fact that a number of private practitioners will not accept clients dependent on Medicaid for health care; a number of children, particularly in rural areas, are left without health coverage.

Medicaid administrative problems have limited and continue to limit accessibility to health services. Many practitioners refuse to treat public aid patients for a variety of reasons. These include:

1) Slow payment for services
2) Low payment for services
3) No payment for some services, especially new procedures and techniques
4) Paperwork required for pre-authorization for many common procedures
5) Different paperwork than required by any other third party payment programs
6) "Unreliability" of patients
7) Personal belief by the health care provider that public aid recipients are not "entitled" to regular care, that is other than emergencies.

RECOMMENDATIONS

1. Data should be collected statewide so that gaps in service can be identified; the state should acknowledge its responsibility to provide a standard level of accessible human services throughout the state.

2. Facilities for disease prevention and health promotion should schedule their hours to accommodate working parents in the community.

3. The Illinois Department of Public Aid should be directed to consult medical organizations in the state to develop plans and programs to solve problems with respect to the Medicaid program.

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[1]Ibid, p. 19.

4. The Illinois Department of Public Health should be given statutory responsibility for establishing departments of public health to cover all areas of the state and for setting standards for staff and services. These services should be community oriented and implemented.

5. Agencies providing health services to children should cooperate and work together to avoid any duplication and to guarantee that, in addition to those services mentioned in this report, children have at least the following services available to them:

   a. Family centered home health nursing
   b. Well child clinics
   c. Early detection and screening programs
   d. Immunization clinics
   e. School nursing programs

   These services should be provided by agencies in the community whenever possible.

3. MENTAL HEALTH

The state of Illinois does not provide a continuum of mental health services for its children and adolescents. Indeed, those in need of anything from counseling to residential services find themselves caught in a struggle between state agencies over definitions of service population, requirements of their mandates and funding priorities that are aimed toward institutionalization. It is an ironic situation when the Department of Corrections sends a severely disturbed, acting out juvenile to the Department of Mental Health and Developmental Disabilities only to have the juvenile turned away because of violent and aggressive behavior. These and other cases such as the handicapped are the norm; they should be and must become the exception.

If this problem is to be ameliorated, provisions for a continuum of mental health services for children and adolescents must be accepted as a challenge in the 1980's. During this decade it is essential that a broad range of mental health programs be developed, especially in those parts of the state where specialized programs are nonexistent. One of the crucial areas for attention is the need to develop therapeutic day schools in the southern portion of the state as well as residential programs for those children and adolescents

whose emotional problems are of such severity that they cannot be maintained in their homes with support from community mental health centers and for whom in-patient hospitalization is inappropriate.

The 1970 Illinois White House Conference Report noted that:

> Inadequate communication and lack of understanding between the different professions and between agencies, both public and private, serving families and children, have contributed to a dissipation of efforts which prevents children from receiving the help appropriate to their needs...(page 59)

Although many children and adolescents are receiving mental health services as a result of joint planning during the last decade, these efforts must continue if the mental health needs of Illinois' children are to be met during the 1980's. Thus, the Department of Mental Health and Developmental Disabilities and private mental health providers must continue to give attention to the dissemination of "advanced knowledge of good mental health concepts and practices so that those persons who are at the first line of approach by families, such as teachers, ministers, physicians and lawyers" can benefit.[1] These are key people who play a significant role in the lives of children, therefore, it is imperative that they "incorporate good mental health practices in their contacts with parents and children and help parents understand and accept these concepts and apply them in their family living."[1]

RECOMMENDATIONS

1. The Department of Mental Health and Developmental Disabilities should increase the priority given to short and long term mental health services to children both in funding and programs; children's services should be a number one priority.

2. The Department of Mental Health and Developmental Disabilities should establish working relationships with other state and voluntary agencies working with children.

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[1]Report of the Illinois White House Conference on Children, IL Commission on Children, May, 1970, page 57.

3. Special treatment programs and training programs serving the child should be expanded. Schools should be encouraged to expand and continue work in special education classes for behaviorally disordered individuals. Mental health centers should increase the number of day treatment (non-residential) programs available throughout the state so that all of the population can be served by such programs.

4. Community mental health programs should be encouraged to develop public education programs in the special area of child mental health services. The Department of Mental Health and Developmental Disabilities should be encouraged to accept such programs and other primary prevention programs as valid programs worthy of funding and designation as services supported by the Department.

5. Educational institutions within the state should be encouraged to develop programs to encourage training in special areas attributed to child mental health services and mental health intervention in other ancillary professional curricula e.g. teachers and health providers.

6. In developing mental health services for children, special attention should be given to the mental health needs of handicapped children, their parents and siblings.

7. Educational institutions and mental health centers should offer training and support to natural and foster families who are willing but often not skilled enough to deal with an emotionally disturbed child.

4. DENTAL HEALTH

Dental health services for children should be available throughout the state. Inner city and some rural areas have had insufficient numbers of dental providers to care for the dental wants of the population. Some areas, primarily rural, have older practitioners who would wish to retire, but have been unable to turn over their patients to another dentist. In many areas it is difficult for dental practitioners to schedule appointments for child patients during school hours.

Due to the increasing number of recent graduates, many former shortage areas are now being served. The situation is much improved in the rural areas due to the efforts of the Dental Colleges at the

University of Illinois and Southern Illinois University, the Illinois State Dental Society, and local communities. Some areas which exist at the poverty level and, therefore, could not be served by the usual private practice system are being served by dentists obligated to work in these areas under a federal government scholarship program. In addition, the State of Illinois has begun the "Dental Student Grant Act Program" under which grants are made to dental students who agree to establish a private practice in an underserved area.

Continued increased enrollment of qualified minority students into dental colleges has helped and will continue to help solve the shortages for inner city minority group populations which can afford the usual private care delivery system. However, poor inner city populations will continue to be underserved under the present system. Utilization of the services of the clinics at the dental colleges can help to provide quality care at reduced fees which might be especially helpful for inner city poor populations.

Both preventive and maintenance dental services should be available to children of low income families. Medicaid programs are problem oriented and do not help reduce disease by providing for all recognized preventive dental services. It should be recognized that the most efficient system of providing dental care to all persons, including low-income patients, is to utilize the private practice system and to rely on public health delivery only when necessary.

In order to encourage dentists to provide services to public aid recipients a general improvement is needed in the Medicaid program. Public aid programs have not paid practitioners for many well documented preventive procedures which could reduce the incidence of dental disease. As a result, only those practitioners able and willing to provide these services at their own cost have been providing the preventive care. At this time, for example, a dental examination will be allowed only once a year for any child. All recognized authorities in Pediatric Dentistry recommend a more frequent examination schedule in order to decrease the incidence and severity of any dental disease process. Many other examples could be cited.

Not all school children are required to have dental examinations to enroll in school. Not all health education programs contain sufficient dental health material to significantly inform the student in

dental matters. Few students receive the benefit of those group preventive procedures that are presently recognized effective in reducing dental disease. While many elementary and secondary schools include some dental health information, much is insufficient. In addition, some programs have no dental health portion. At this time group preventive dental procedures have been shown to markedly reduce dental disease in children. Specifically, the fluoride rinse programs have been widely studied and accepted as cost-effective in reducing dental caries.

Many school administrators will not excuse children for routine dental appointments during school hours. This is primarily due to the loss of state aid incurred as a result of the absence. Insofar as all children cannot be treated after school hours, this results in delays for many children.

Dental examinations for school children are not required by state law. Each school district is allowed to determine its own policy with the result that some never require dental examinations. All recognized authorities in dentistry insist that good dental health requires regular (at least yearly) examination and care.

RECOMMENDATIONS

1. Continuation of dental placement programs and the "Dental Student Grant Act Program" should be supported with expansion into a placement service administrated through the state dental colleges. Illinois' two private dental colleges should be encouraged to participate. These programs should be expanded to all underserved areas.

2. The Illinois Department of Public Aid should be directed to consult with dental organizations in the state to develop plans and programs to solve problems in relation to Medicaid. These dental organizations should include at least the Illinois State Dental Society and those dental specialty organizations of a statewide nature whose members would provide care to public aid recipients.

3. A state-wide minimum dental health curriculum should be formulated and mandated for all school systems. A first step should be to evaluate the existing educational programs.

4. It is recommended that all elementary and secondary school students be enrolled in a fluoride rinse program. Further, a continuing assessment of new programs be established so that these can be instituted into the school system as they demonstrate suitability.

5. It is recommended that children who are absent from school for a dental appointment be included in determination of the average daily attendance for state aid purposes.

6. It is recommended that a reasonable statewide, required dental examination program for school children be legislated for the entire state school system.

7. Dental Health Care and preventive dentistry should be available to all children.

II. CONTINUUM OF SERVICES[1]

A continuum of services should be composed of a complete range of health, mental health, educational and social services that support families in their role of nurturing children. Ideally, the range of services should include prevention, screening, referral, treatment and follow-up programs that are interrelated, efficient, accessible and child-oriented. A continuum of service must be available for those who need help, so they may get the help they need, when and where they need it.

Presently there is no system that represents a continuum of services for children and no system that coordinates the public and private services available. The availability, accessibility, adequacy, and quality of services to children vary from one geographic area in the State to another. Some services may be incomplete, or involve transferring from one agency to another without assured continuity. For adolescents there is ambivalence, confusion and an absence of services. Priorities tend to get dislocated when drawn for a state rather than to accommodate to local areas. Prudent and constructive use of all available resources is often thwarted. The solution lies in creating a true continuum based upon an integration of programs and resources, re-examination of policies and standards, and reaffirmation and development of new ones where needed.

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[1]Much of the commentary in the section on a continuum of services was taken from "Continuum of Services" by Mr. William A. Ireland, C.S.W., A.C.S.W., State of the Art Papers, IL Commission on Children, April, 1980.

Discussion of the problems relative to specific components of a continuum of services are addressed in the sections dealing with Support to the Family, Providing Educational Services, Adolescence and Juvenile Justice, and Health. This section of the report is intended to look beyond the specifics in an effort to identify problems that impede the provision of a system that represents a continuum of services to children, youth and their families. Seven categories or systematic problem areas are addressed: A) societal attitudes, B) planning, C) coordination and cooperation, D) accountability, E) accessibility, F) manpower, and G) funding. Each of these problem areas is intimately related to the other. For example, inadequate accountability within a program may result in little available information with which to evaluate the program. Absence of reliable information regarding the outcome and effect of a progam may leave it vulnerable in the funding arena and reinforce negative attitudes within our society regarding social services generally. Yet society may have unrealistic expectations; we must accept that the social services are an inexact science.

A. SOCIETAL ATTITUDES

The general public needs to be educated as to the long range effectiveness of preventive, treatment and rehabilitative programs so that they will come to view such programs as an investment in the quality of life and in the society of the future. The impact of social service programs is not felt solely by those immediately affected, but by the community as a whole.

Human services have been held in low regard by the general public for far too long. Although there has been some improvement in attitudes, there is need for educating the public regarding the value of human services. For example, myths regarding welfare recipients abound and the media tends to focus on issues that reinforce rather than combat those myths. Myths regarding social services are intimately tied to racism and continue to reflect a general lack of understanding of and sensitivity to the unique cultural dimensions and strengths of minority group families and the special stresses in the lives of those families as they attempt to adjust or to move up the social and economic ladder on a day-to-day basis. We must confront the reasons behind the fact that minority youth are overrepresented on unemployment rolls and in our correctional facilities.

Although our commitment as a society to social programs is founded on misconceptions and is offered begrudgingly, the time has come to clarify commitments. Clear commitment to social programs through financial support, the elimination of barriers and the development of specialized programs and facilities must be activated. In this manner we can prevent low budget services that are generally underfunded, understaffed, and poorly regarded--a self-fulfilling prophecy.

RECOMMENDATIONS

1. Public concern should be developed regarding the needs of children and their families. State agencies, community leaders, and professional and volunteer organizations should take a more cooperative and assertive role with respect to public relations by providing information to the legislature, press and other media on the positive aspects of human services.

2. The media should take a more active role in developing a positive public attitude and public concern for social services and for individuals in need including those who are handicapped.

3. Zoning ordinances should be reviewed with the goal of making it feasible to develop specialized facilities in communities.

B. PLANNING

There is no single Illinois policy on the delivery of services to children and there appears to be no requirement to all agencies for integrated long-range comprehensive planning. Ready access to planning capabilities of high quality is essential. There is confusion, particularly at the local service provider and user level of what agency provides what service and to whom under what conditions. Access to data by all units is essential in planning and evaluation.

Observers of the operation of the numerous departments and agencies serving children/youth and their families in Illinois have concluded that ambiguity and inconsistency are serious constraints on the development of services to the constituency. Failure to plan holistically contributes to the continued conflict concerning the role and function of service agencies especially among the principal users of the service - the general public. It would appear logical that the focus of control would be in one state agency. Further, the various agency data systems are bound to be duplicative and inconsistent. Priority must be given to developing a compatible streamlined system to meet the wide range of requirements of the federal funding sources, legislatures, budget officers, agency administrators, etc. It was reported that in fiscal year 1977, less than 1% of the state human services agency budgets were spent for electronic data processing, while large commercial enterprises were spending 5 to 7% for this purpose.

The service agencies or departments need to be structured or restructured to provide services for local units as well as for the state units. The proliferation of different regional arrangements for each

agency for the delivery of services should be discontinued. Local units should have a voice in the budget process. This should occur through planning.

A start toward projections and statewide planning with public input was initiated in the last decade. The Illinois Welfare and Rehabilitation Services Planning Act mandated eight state agencies delivering Human Services to develop and publish annual service plans. The Bureau of the Budget was designated the authority to review and coordinate those plans, but it has no authority to coordinate all state agency plans affecting children. Public hearings were held. Task Forces and Planning Consortiums formulated reports. Title XX (although not child specific) mandated a state planning process to meet certain federal criteria. This process, with state mandated planning, minimum program requirements and public participation presents an opportunity to build a network, joining and integrating public and private sectors in a system of service delivery.

Legal opinions and court decisions emphasize increasing specificity, thus charging providers to provide services where no known services exist. As the social environment changes particularly as to the effect on the family, it becomes apparent that linkages between the child welfare system services and the appropriate other systems can be developed through a planning process. For example, access to and availability of local resources is a big problem across the state for adolescents with problems--particularly the emotionally disturbed. Transdisciplinary planning, agency cooperation, and coordination to serve this group is needed, but without a formal structure for working with other state departments on individual cases, the problem persists.

RECOMMENDATIONS

1. Joint, long-term planning for children should be mandated. One agency should have exclusive mandatory responsibility for pulling together such a plan which should be compiled and made up of the mandated cooperative efforts of all those departments, commissions and voluntary agencies providing services for children. Such a planning effort should include mechanisms for citizen input through such options as public hearings, etc. The system must guarantee continual and viable input from professionals and citizens at the local level. This must be accompanied by planning at the regionalized and local levels with input into the state planning mechanism to assure a reflection of the diverse needs of the state.

MINORITY REPORT -- RECOMMENDATION 1

Everything after the first sentence should be deleted and the following language substituted:

> *The Governor, the General Assembly and the State Department heads dealing with the youth services should give the state agencies a chance to prove their ability to deliver service by not changing their structure for a specified period of time. Each state department should broaden their sphere of services to provide for those youth who fall through the cracks. If reorganization is considered, local input and much planning needs to be a part of the development. State agencies should not be reorganized without comprehensive participation in the deliberations by professionals and citizens at the local level.*

NAME	*COUNTY*
John W. Young	*Edgar*
Sharon W. Eggers	*McLean*
Susie Wagoner	*McDonough*
Harriet Parkhurst	*Peoria*
Donald M. Hallberg	*Cook*
Lucille Meall	*Cook*
Margaret W. Wold	*Cook*
Barbara H. Gladney	*Champaign*
Kathleen Bingaman	*Cumberland*
Jean Burkholder	*Champaign*
Nancy L. Quisenberry	*Jackson*
Sallie Hutton	*Champaign*
Robert A. Henderson	*Champaign*
Roberta Harrison	*Champaign*
Margaret Matthias	*Lake*

2. A statewide policy in serving children should be established. The policy should be developed by an interagency task force expanded to include all state agencies serving children and the Bureau of the Budget. The task force should include a representative from the private and volunteer sector and the Illinois Commission on Children.

3. Funding should be provided to develop and implement one adequate data and reporting system to provide agencies with appropriate data capacity for quality control in the administration of human services.

4. A systematic ongoing evaluation should be an integral part of planning. Advisory councils at each level, state and community, should be activated if effective specific services in response to client needs are to be developed. Strands of inter-related service planning state to community level will optimize resources available and develop needed resources.

5. The reference to children should refer to ages 0-18 and to young adults, ages 19-24, recognizing that some agencies or units are established to serve many age groups.

6. Continued funding and appropriations for new programs should be contingent upon consistency with the joint, long-term plan.

C. COORDINATION AND COOPERATION

"The goal of coordination is to assure effective interrelationship of systems so that appropriate services are delivered to meet needs."[1] This goal has not changed since the 1970 Report of the Illinois White House Conference on Children yet children's services seem no closer to attaining it than they were 10 years ago. The frustration at trying to attain that goal is compounding in the 1980's. At least ten agencies of state government (code departments and others) provide programs, services or funds for children. When this is coupled with insufficient funds and staff to fulfill existing agency mandates, there is a strong disincentive for innovation to meet the needs of children not coming under specific agency auspices. Thus, the state is faced with children who fall between the cracks, who are neglected by the service system. These include children who are status offenders, emotionally disturbed, mentally ill, physically handicapped, children of parents in detention, and children whose parents may not be quite poor enough to qualify for Medicaid.

One other problem relative to coordination is a lack of two-way communication between those at the local level and those at the state level. What communication there is seems to be from the top down. There is little opportunity for those at the local level to have input into planning and funding decisions. For example, there is a Governor's Human Services Subcabinet which is made up of the Directors of state agencies providing human services. One of the Subcabinet's functions is to provide coordination among state departments. Those at the local level are not generally aware of the cabinet and its activities.

In order to be responsive to the needs of their community, those at the local level must have considerable input into funding and policy decisions. The use of several different kinds of systems by public agencies for designating geographic areas of service responsibility has created confusion for clients, private sector

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[1] Report of the Illinois White House Conference on Children and Youth, May, 1970, Illinois Commission on Children, page 17.

providers, other agencies and state agency personnel in understanding and making use of human services in Illinois. The personal commitment to coordination cannot be ignored either. To quote again from the 1970 Illinois White House Conference Report:

> While an effective administrative organization is crucial for coordination, of equal importance is the attitude of the individuals involved. People, in the final analysis, determine the success or failure of efforts to provide a well-coordinated program of services. Heads of agencies responsible for services to children must be willing to cooperate with their counterparts and they also should assure that cooperation prevails throughout all levels of services. Such cooperation includes a necessity of sharing information, a commitment to the concept of comprehensive services, and the ability to relinquish a degree of control in the interest of more effective services.[1]

The public department cannot perform effectively without the cooperation, assistance and utilization of the private sector. Traditional discussions of the respective roles and responsibilities have often hinged upon an assumption that the private sector gives a higher quality of service at a lesser cost. Perhaps the arguments resulted in questions of quasi-public or pseudo-voluntary agencies involved rather than to view the subject with a serious and unbiased view. Two years ago the American Public Welfare Association Committee on Public and Private Roles in the Provision of Personal Social Services undertook a task in keeping with the Association's continuing policy development. The document takes a firm stand regarding the necessity of both the public and private sectors in building an acceptable and accessible personal services system, with the strengths of each stated. The proprietary sector is recognized as a legitimate purveyor of services, and finally, citizens, whether as consumers or taxpayers, are necessary participants in the planning and evaluation of service delivery.

RECOMMENDATIONS

1. One agency of state government should be designated complete responsibility for the planning of services for any child whose life comes in contact with state agencies in Illinois. Planning and coordination of educational services should be

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[1] Report of the Illinois White House Conference on Children and Youth, May, 1970, Illinois Commission on Children, page 17.

included only when the child receives or requires services outside of the school system. This agency should be given full and final authority among all other state agencies to see that the needs of the child are met, including the power to require the needed services from other departments of state government. The final authority for case planning decisions within the department should be made by a person with management skills, assuming that he/she will have all clinical resources available as a part of the preparation for case planning decisions.

MINORITY REPORT -- RECOMMENDATION 1

Substitute the following:

One agency of state government should be assigned responsibility for the initial intake and service planning for children seeking state services, which are not a part of educational programs. This agency should conduct comprehensive case management, including the purchase of care or acquisition of services by contract or interagency agreement with other state agencies. The agency conducting case management shall be accountable for those acquired or contracted services for as long as the child requires state support.

NAME	*COUNTY*
Kurt R. DeVeese	*Sangamon*
Mary B. Eckert	*Sangamon*
Maureen K. McKeough	*DeKalb*
Lucille Neall	*Cook*
Margaret M. Kennedy	*Winnebago*
Cleo Anderson	*Sangamon*
Gerrit L. DenHartog	*Sangamon*

2. There should be uniform regional boundaries for state agencies. Regional level counterparts of state agencies should, in cooperation with community based private or public agencies and lay persons, seek out the gaps and identify the needs of children within the region through such mechanisms as regional children's consortiums.

D. ACCOUNTABILITY

Accountability can be defined as a process by which explanations are given and justification is provided for monies spent and for services rendered. It is the linkage between the funding source--federal, state or local, the program planner, the service provider and their constituencies. It should provide the necessary information base for appropriate evaluation of programs so that rational decisions can be made regarding

continuation of funding, the need for program modification and a host of other variables. Accountability should answer basic questions such as: Is money being spent the way it was intended? Is there a more efficient way to deliver services? Is the program accomplishing its objectives? Are services equitably distributed? When such questions are answered, the evaluation process can begin to determine the validity of the program objectives.

Due in part to the fact that the human services are an inexact science, human service providers have had more difficulty answering such questions than have their counterparts in private enterprise. They have had difficulty in developing measurable objectives and reliable information bases. There is need for rational and consistent reporting with recognition of the burden often placed on service providers by numerous and complex reporting procedures. This makes human service programs vulnerable to criticism and public scrutiny--an easy target in inflationary times when Congress, state legislatures and private contributors are seeking ways to cut expenses and balance budgets.

Lack of measurable objectives can create situations where monies spent become the only measure of a program and critical decisions regarding programs are based on quantitative measures only. They do not take into account information regarding program outcomes. Thus, accountability in human services becomes a complex and somewhat overwhelming issue.

> ...it is an ambiguous concept because of the complex nature of human service organizations and because of the multiple constituencies faced by the administrator of any public social welfare organization. For example, the head of a state welfare organization must be concerned with and influenced by his clients, advocate groups, tax payers, elected officials, federal peers and the staff of his own department.[1]

RECOMMENDATIONS

1. Qualitative service objectives should be developed as a part of the ongoing accountability, monitoring and evaluation process. Increased efforts are necessary to develop increasingly reliable methodology and data recording experience in the area of quality of service objectives and achievement.

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[1] Encyclopedia of Social Work, National Association of Social Workers, Washington, D.C., 1977, page 2.

2. Data collection should be required of all service providers on an established, systematic and regular basis. This would involve the establishment of a standard information system for social service data reporting.

3. A process should be established to: a) advise the General Assembly on funds that are needed and b) let the General Assembly know that the funds appropriated have been spent for their original intent.

4. Publically funded agencies should make the public aware that annual reports are available.

5. Planning agencies should utilize data from service providers when providing information to funding sources.

E. ACCESSIBILITY

Access to children's services is a function of a number of variables: availability of the services, information regarding the services, personal resources and motivation. Availability of the services relates to such issues as location of the services and hours of operation. It would include consideration of access for the handicapped particularly. The private or voluntary agencies which must be partners in service are not equally available state-wide. In some counties and areas of the state, neither an economic base nor volunteer manpower is available in sufficient volume to support private agencies. In these instances the public agency must give the service, or assist in creating an agency to spend public funds under voluntary auspices. In rural sections of the state, highly specialized health services may be non-existent with the closest resource being several hundred miles away. Clients in urban areas may face waiting lists. Public transportation may not be available. Teens may be excluded from counseling or health care because clinic hours conflict with their school or work schedule. Community services are often rendered inaccessible for the handicapped because of inadequate physical accoutrements to accommodate them or inadequate specialized transportation to get them to the services.

When youth and their families need help they are often confused to the point of not being able to identify the problem or have the strength emotionally and physically to find proper help. The impact of personal resources on access can also relate to fiscal resources--such as money to take the bus, or for preventive dental care. This is particularly critical for the working poor who may make just enough money to disqualify them for many supportive services. In such cases, service needs have to be measured against more concrete family needs: food, clothing, housing, etc. Motivation as it

relates to access is particularly critical in the health area as will be discussed later, but it relates to the need to develop an awareness among potential client populations, such as pregnant mothers who receive no prenatal care or child abusers, of the benefits available to them when services are utilized.

RECOMMENDATIONS

1. A system needs to be developed within communities or local service areas to provide easy access and proper identification of problems with the ability to provide care, referral, follow through and 24 hour crisis intervention services. Where possible, this service should be tied to an existing agency.

2. The Governor, through the Human Services Subcabinet, should collect data statewide so that gaps in service can be identified; the state should acknowledge its responsibility to provide a standard level of accessible human services throughout the state.

3. Innovative outreach and marketing techniques should be developed which are readily understandable by the potential client population.

4. Consolidation of service delivery in one location should be explored along with shared use of public buildings, e.g. schools.

F. MANPOWER

Many of the key people in state government who deal in the lives of troubled children are political appointments often producing erratic shifts in administrative direction and personnel management. This has been accompanied by a de-emphasis on professionalization as evidenced by recent changes in Department of Personnel qualifications which generally de-emphasize specialized professional training in state service delivery positions. This trend is not unique to Illinois as deprofessionalization is becoming increasingly apparent nationwide and at the federal level posing a critical question as to how far and in what way the most effective balance of professional and nonprofessional may be determined. When the emphasis on deprofessionalization is coupled with unrealistic job expectations--high caseloads; lack of input into policy decision making; minimal supervisory support, minimal, if any staff and in-service training--two phenomena contribute to manpower problems: 1) burn out and 2) stagnation.

One area of service delivery where paraprofessionals may be of particular value is in providing outreach services. Crucial to a successful continuum is the need to provide outreach to the target population. Successful outreach cannot be accomplished solely through the printed word. Paraprofessionals can be

recruited from the target population, trained and used to disseminate information to their friends and neighbors. In urban centers, the neighborhood organization with its block clubs and established structure, can produce volunteers out of identification with the critical nature of the information. Local parishes and PTA's can be extremely useful. In rural areas where families are isolated and often overlooked in providing necessary services, it might be necessary to utilize a "circuit rider" approach.

RECOMMENDATIONS

1. Personnel standards should be reviewed and revised to assure adequate qualifications for supervisory and service delivery staff.

2. Personnel in state employ should meet the same qualifications required of licenses of the state.

3. When fully qualified and accredited, professionals should be provided a pay scale commensurate with their skills and responsibilities.

4. A network of paraprofessionals and volunteers should be added to the staff of human service agencies in developing and implementing a continuum of services particularly outreach.

5. Based on studies of manpower needs of human service professionals including health, the state legislature should be encouraged to support financial assistance programs for students entering these professions. Incentive programs attracting professionals to underserved areas should be a priority.

G. FUNDING

Inflation and intense competition among public services for limited tax dollars make it essential that the concern we as a society express for our children and their families becomes embodied in a fiscal commitment to services that will support and enhance them. The public sector does have a responsibility to assure the provision of a continuum of services to its citizens; however, this must go hand in hand with greater efforts to sustain and increase voluntary dollars. Just as inflation has its impact on tax dollars so does it impact on the endowments that undergird our foundations. Contributions may shrink as an increasing percentage of the family budget must go to essentials. In the area of public sector financing of services, the sheer number of governmental entities involved can create problems of duplicated administrative expenses, conflicting and cumbersome accounting regulations, referenda requirements, etc.

Federal monies coming to the state are channeled in many different ways. Some come directly to the state and some come in the form of revenue sharing to various local governments (city, township, county, etc.). There are also numerous federal grants that may be applied for--some coming directly to private or public agencies. Many agencies, including schools, hire people to do nothing but look for, write the required material, and apply for grants. Often the best "grant-writers" do not have the best programs.

Congress passes laws supposedly for the benefit of all or for certain segments of our society. Then a new agency or bureau, or sub-agency or sub-sub-agency is set up to write the rules and regulations. The programs are sometimes in the process of implementation before the new rules are published and sometimes the rules differ significantly from Congressional intent. The mandatory rules for each program usually do not take into consideration mandatory rules already in effect covering the same group. (e.g. Headstart was mandated to serve 10% handicapped when schools were mandated to serve all handicapped.)

Many programs that serve children are surviving by receiving purchase of care grants and grants-in-aid from several different agencies. The time and energy that should be used for services to these children are used to write grants and fulfill the myriad of required reports to document accomplishments and account for the money by dividing it into categories. One child may be served by several modes of funding from several different funding sources. Grants are supposedly given to solve a problem. Sometimes the program is dropped after a year without enough time to begin functioning properly. Some money is given by the federal government to start mandated programs with the state picking up the balance due. Then the federal government decides to cut their share entirely or by a certain percentage making it difficult or impossible to continue the program. States are urged to apply for grants for demonstration projects for a variety of problems. The number of grants to be given nationally may vary widely. It is questionable that these projects have made an impact on the programs in the other states. In many instances, the federal government has found itself with unused funds for particular projects; it then sends out an SOS for any state or region thereof to apply but the project must be initiated within a few days. Without adequate planning there is a great waste.

At the state level many of these same kind of problems exist. There is a great range in the ability of local (county, township, municipal) governments to finance services for children and adolescents. If there is to be local participation, to what extent and how should it be financed?

RECOMMENDATIONS

1. At both the federal and state level, enactment of new programs by Congress or the Legislature should be accompanied by a delayed effective date and the stipulation that rules, regulations and standards be required to be in place by the effective date.

2. The Legislature should provide for current full funding of mandated programs.

3. Prior to enactment of new federal programs, documentation should be provided that would ensure that the new program is not duplicative.

4. There should be a reveiw and study of tax incentives for charitable deductions.

5. Sound fiscal management techniques must be applied in order to maximize service delivery.

6. New equitable ways of funding from state agencies to the private sector and local public agencies for direct services should be explored.

7. The Legislature should provide for current full funding of contracted child welfare programs.

APPENDIX

The appendix contains the recommendations of the Illinois Council of Youth which were formulated in preparation for the 1980 Illinois White House Conference on Children November 13 and 14, 1980. It does not constitute a minority opinion. While youth were represented on all of the Statewide Subcommittees and the Regional Committees, these recommendations represent strictly a youth perspective and were prepared to help them formulate issues they wished to have included at the Illinois White House Conference on Children.

Illinois Council of Youth

Affiliated with the Illinois Commission on Children as a part of the follow up on the White House Conference on Children and Youth

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ILLINOIS COUNCIL OF YOUTH RECOMMENDATIONS FOR THE 1980 ILLINOIS WHITE HOUSE CONFERENCE ON CHILDREN

PREFACE

I would like to thank the members of the Illinois Council of Youth whose input made this report possible.

The following report represents the concerns voiced by the Illinois Council of Youth members of 1980. The views, needs and recommendations that follow are youth opinions on youth problems. I feel that this unique "insider's perspective" is the key to the importance of this report. The needs identified and recommendations given are being voiced by the people who experience the classroom, juvenile justice system and special problems of young parents and pregnant teens. Read our thoughts, consider our recommendations, and if you agree with them, please help us transform these ideas into actions.

Thank you,

Robert Moriarty, Chairperson
Illinois Council of Youth

Special thanks to Steve Sakach for his exceptional effort in helping compile this report.

DISSEMINATION OF INFORMATION

Many social services exist to help families and youth in crisis. Unfortunately, the general public is often unaware of the community based and governmental agencies that are established to help them deal with different problems, (i.e. family counseling, drug abuse, divorced parents). Therefore, we recommend that each DCFS region establish one toll free "help hotline" 800 number that citizens can call to be referred to helping agencies in their community. This number should be widely publicized through public service announcements (with media cooperation) and in school newspapers to create direct awareness of this service among youth. If not established regionally, this number could be statewide. The Community Referral Service in Chicago could be used as a pattern for the organization of these hotlines, but far more publicity is needed to make regional numbers more effective than the Chicago number.

FAMILY LIFE EDUCATION

We, the Illinois Council of Youth feel that family life education programs in Illinois are currently inadequate and inconsistent. With only a few exceptions, most school districts lack a unified and comprehensive family life program. Some districts merely scatter pieces of family life education throughout the curriculum as part of the social sciences, home economics and other related class offerings. Additionally, we find that students generally find the family life education materials currently presented are not applicable to life in the 80's.

Family Life Education is the area of most urgent need facing our Illinois education system today. The deterioration of the family structure, the increase in teenage pregnancies and the alarming divorce rate among young couples are all symptoms of a lack of youth awareness of the responsibilities of marriage and parenthood. The need for family life education was identified by the Illinois White House Conference Report of 1970. The 1970 recommendations for family life education programs have been largely ignored. We can no longer afford to avoid this pressing issue.

Recommendations

1. Family life courses should be mandatory for Illinois youth. These classes should be geared toward juniors and seniors in high school, but should be available for all students. This flexibility is necessary to accommodate younger students who may have a need for the material presented in family life classes.

2. A skeletal curriculum should be established which would be standard throughout the state. A) This curriculum must be flexible enough to meet the needs of each community within the state. B) In order to be effective, the curriculum must call for instruction in a frank, open and personal manner.

3. The length of family life classes (semester or year) would be the decision of individual school districts. Regardless of class lengths, the classes should be divided into two sections; communication skills and interpersonal relationships; and child care, including child development and practical material dealing with children.

4. Family Life classes should incorporate study of the community organizations (i.e. Planned Parenthood, Salvation Army, Catholic Churches) available to youth needing help with family related problems. This study should encompass not only the ways of utilizing these organizations, but more importantly, it should stress the function and character of the services each organization provides. Hopefully, an increased awareness of these organizations and their functions will encourage youth to overcome the stigma associated with them and make a fuller use of the available services in their communities.

5. Once an adequate Family Life and Parenting curriculum is developed, it should be made available to the community at large through evening courses.

SUBSTANCE ABUSE PREVENTION

In a recent poll conducted by the University of Illinois, Illinois residents rated substance abuse as one of the most important problems to be faced in the 1980's. This widespread concern, coupled with the hard statistics indicating an explosion of substance abuse among adolescents clearly indicates that our substance abuse education programs are not as effective as possible or necessary.

We, the Illinois Council of Youth, see that the major impediment to effective substance abuse education is that students do not take Drug and Alcohol Education courses seriously. Several reasons for this attitude are:

A) Treatment of the topic, both verbally and in writing, tends to be very condescending. Many and possibly most students are insulted by the low intellectual level at which the topic is treated.

B) Information presented in course offerings is often outdated, incomplete, or based completely on scare tactics.

C) Most students are exposed to drugs and alcohol before they have had the opportunity to experience serious drug or alcohol education.

These conditions point to a need for revised substance abuse education programs in Illinois. We recommend the following:

1. Extensive government funded research be done to determine effective teaching methods for substance abuse education.

2. Substance abuse prevention educational materials need to be updated. Materials need to treat drugs and alcohol in a realistic manner. Students should receive substance abuse education at the end of junior high school. This is the time when many students become acquainted with alcohol and marijuana use among their peers.

3. Alcohol education materials need to de-emphasize the concept of alcoholism as a disease. The classification "disease" produces undesirable connotations that individuals have no control over whether they "catch" alcoholism or not. Classifying alcoholism as a disease also supports the belief that there is a medicinal cure for alcoholism. These misconceptions need to be cleared up, placing responsibility for alcoholism on the individual drinker.

4. Government funding of substance abuse education should be increased. Program funding should not be affected by a substance classification as a disease or not a disease (i.e. alcoholism).

ALTERNATIVE EDUCATION

We, the Illinois Council of Youth, find that many students and parents are not aware of the existence and potential benefits of nontraditional education, and that there is a need for increased awareness and availability of these programs.

Research should be done into the use of alternative education to deal with the special needs of truant, cronically suspended and gifted students. Many of these students do not fit within the framework of traditional education programs. Alternative education may allow these students to reach their full potential.

GIFTED CHILDREN

We, the Illinois Council of Youth, see a need for an increase in the flexibility of education programs to upgrade the challenge faced and encouragement given to the gifted child. We feel the need for a greater opportunity for students of all grade levels to more fully utilize the facilities of both the school and the general community in complementing the traditional educational program. We recognize the greater problems faced by school districts with small gifted populations and believe that more help should be given to them in the development and conduct of their programs.

JUVENILE JUSTICE

We, the Illinois Council of Youth, find a need for increased information on juvenile rights and responsibilities in both schools and the general community to be distributed to youth and their parents; particularly before youth become involved with police. Furthermore, a lack of youth knowledge of their rights is sometimes exploited by law enforcement authorities to shortcut the constitutional rights of youth. Finally, many Illinois laws are outdated and/or inadequate; and the judicial interpretation of them is often inconsistent. To solve these problems we recommend the following:

1. Youth rights and responsibilities information should be disseminated to students through student councils, social studies departments and counseling centers in schools. School districts should give serious consideration to including youth rights information as part of the orientation packets given to high school students. Good information on youth rights is available, but it isn't widely distributed.

2. Juvenile Court Judges should be made more aware of the vulnerability of youth to exploitation by law enforcement officers due to youth ignorance of the law. Juvenile court judges often stand as the final arbiter of community opinion versus the constitutional rights of youth, and too often the constitutional rights are ignored. The opinion that the end justifies the means in the conduct of illegal searches and seizures is especially prevalent in juvenile arrests; thus, juvenile judges must be especially watchful of constitutional abuses by law enforcement officers.

TEENAGE PREGNANCIES

We, the Illinois Council of Youth, see a need for expanded counseling services for not only the individuals involved in creating a school age pregnancy, but for the families of both parents too. We feel that one cause of teenage pregnancies is a poor awareness among adults of teen sexuality. Generally, the adult population does not recognize that teens are sexually active. Because of this denial by adults, relevant information (i.e. contraceptives, a healthy attitude toward sex) is often denied to youths. We feel that this denial of frank, unbiased information is a contributing factor to teenage pregnancies. Adults need to recognize teen sexuality to help young adults deal with sex.

There are many agencies that stand ready to help those involved in teenage pregnancies and their parents. Awareness of these agencies should be heightened so that these services are more widely utilized by pregnant teens and their parents.

FAMILIES

We, the Illinois Council of Youth, find a strong need to build a more solid family base. In light of the rapid rise in the involvement of far more people in community and school activities, we find that these different and sometimes conflicting activities can distract from family unity and make daily gatherings for meals, etc. nearly impossible. We recommend that communities establish voluntary Family Nights; nights on which organizations and schools do not hold activities so that families may spend time together without interference from outside commitments. Civic and school organizations would be encouraged to avoid scheduling activities on these weekly designated Family Nights.

TEACHER TRAINING

We, the Illinois Council of Youth, see the need for increased training for classroom teachers in the areas of substance abuse, discipline, child abuse recognition, treatment of disabled children and family life education. Teachers should have an increased capability to recognize, cope with, and if necessary, refer problem students to the proper professional. As the classroom is on the "front line", teachers generally develop a better rapport with their students than a counselor is able to achieve with only limited contact with students. Therefore, we feel that classroom teachers must be better equipped to deal with potential and actual problem situations.

TEACHER IMAGE

We, the Illinois Council of Youth, find that educators often lack proper motivation and compassion due to, among other things, insufficient job satisfaction due to lack of community standing, low salaries and virtual battle fatigue from heavy workloads and community pressure. We recognize that dealing with youngsters in an educational climate can be emotionally taxing; and feel that more emphasis should be placed on the key roles that teachers play in society.

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